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the bonus years

the bonus years

FOUNDATIONS FOR MINISTRY

WITH OLDER PERSONS

thomas bradley robb

THE JUDSON PRESS
VALLEY FORGE

THE BONUS YEARS

to shirley

Grow old along with me,
The best is yet to be
              —robert browning

preface

THIS STUDY IS AN ATTEMPT to relate the resources of the local church to the needs of older persons. In it the assumption was made that older persons have many individual needs which are not subject to large-scale solutions and therefore must be approached locally. A further assumption was made that many of these problems are matters of personal and social adjustment to the problems of aging and retirement in our society, and that the church has special resources for helping persons deal with problems of this nature.

The author is well aware that there are other aspects of the situation of the aging in contemporary America which have not been treated here. One large question which must be pursued another time has to do with the impact on the economy of steadily increasing numbers of dependent persons. A second large area of concern has to do with such matters as social security, housing, living arrange-

ments, and institutional care. These matters were passed over, not because they are of lesser importance but because their solution lies mostly at the larger levels of society rather than at the level of the local church. To be sure, the church, in its regional, national, and ecumenical forms, must be concerned with and involved in the solution of such problems. The author believes, however, that so much attention has been directed to these matters that other pressing problems of the aging have been overlooked.

The purpose of this book is to deal with these more individual matters, and to lay a foundation from which the local church may begin to assist in their solution. This is not a "how-to-do-it" book, however, since it is the author's firm conviction that there is no program for the aging which is universally applicable. Therefore, the development of a program for older persons remains primarily the task and responsibility of local church leaders. Their attempts to design and carry out programs for the aged can be assisted, and it is the purpose of this book to provide some assistance. To that end, the author has sought to provide a broad, yet concise survey of the rapidly growing literature in the associated fields of social gerontology and geriatrics. The reader will notice that much statistical information is used. Many of these figures deal with the results of studies conducted in the 1950's which have become classics. Inasmuch as there is a good deal of elapsed time between the study itself and the availability of the results of the study, the findings stated in this book are to be considered the most recent available. Since the material presented here is necessarily brief, an annotated bibliography has been provided, in order that the reader may further pursue those items of interest to him.

The reader is also presented with a brief summary of a variety of approaches to effective ministry to the aging, as they are being carried on around the nation, and some

final general principles from which local programs may begin to take shape.

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introduction

AGING IS INEVITABLE, a longer life span is a reality, and the number of older people in the population is growing rapidly. The country is beginning to recognize the problems inherent in the increasingly large percentage of older people in the total population. Both government agencies and private organizations are trying to meet some of the most visible needs such as the need for more adequate income, housing, and health care. While great progress has been made, much more remains to be done. Programs are likely to be spotty and fragmented, and too few of them are addressed to the need for a social climate in which older persons are considered as individuals and provided with the choices necessary for a satisfying and meaningful life in their later years.

The church is the one institution that combines service to the total person with concern for the whole society, thus recognizing the integrity and dignity of the individual and

the impact of society upon his life. Because the church is the one institution in which older people are most likely to be emotionally involved, it has a special responsibility to consider the total man throughout the aging process.

The Bonus Years, by Thomas Bradley Robb, is designed to provide background, philosophy, direction, and techniques to busy ministers and lay leaders who choose to face the needs of older adults in their parishes and communities. Mr. Robb has steeped himself in the extensive research findings and the accumulated knowledge of the country's leading gerontologists, and has come up with a distillation invaluable as a guide in church program development. There is, in addition, a comprehensive bibliography for those who wish to explore the subject more deeply.

Mr. Robb describes the psychological, physiological, and social characteristics of aging objectively. He discusses, also, the needs of older people and the role of the church in meeting them.

Unfortunately the necessity to present and document the essence of gerontological knowledge and to generalize on its ramifications tends to obscure a fact which the author does recognize, *i.e.,* that older people do not comprise one homogeneous mass, but are individuals each different from any other. Attempts to meet their needs with one set formula is to deny their special attributes as persons.

Apparent throughout the book, although not specifically put into words, is the stark truth that most of the problems of the elderly grow out of the negative attitude of people toward growing old and being old. This attitude pervades the church as well as the rest of society, and contributes to the destructive dehumanization of older people. Church leaders, particularly the ministers, need to be helped to overcome this emotional bias against the aged and brought to the recognition that aging is a *process* to

be understood in its entirety and accepted in all its phases as a natural part of human experience.

The church adopting such a philosophy will center its program on *people*—men and women—whose dignity and integrity are to be respected and nurtured throughout the entire life-span and not shoved aside and forgotten in the later phases. Ministers and leaders willing to confront the problems will find *The Bonus Years* very helpful.

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i.   the scope of the problem

AGING IS EVERYBODY'S PROBLEM. "People are doomed to grow old; but mostly they grow into their old age without any sense of the architectural possibilities in the process."[1] Unfortunately, as is so often the case, what is everybody's problem becomes nobody's. It is not so much that nobody cares, as that the problem seems so vast that solutions seem unattainable. In a sense, aging is much like the weather. Everyone talks a lot about it, or spends a good deal of time and money to avoid the appearance of it, but nobody does anything about it.

To be sure, nothing can be done to prevent growing old. But there is a good deal that can be done to realize "the architectural possibilities" and to alter significantly one's "declining years" so that they become instead "the bonus years."[2] And in much of this restructuring of life, the church, and particularly the *local* church, has a significant role to play.

To begin, it is necessary to make clear that aging itself should not be viewed as a problem. Elderly persons have problems, but aging in itself is no more a problem than infancy, adolescence, or maturity. To see aging itself as a problem is to obscure the tremendous contributions the aged can make and are making to our common well-being. The aged are not problems — they are people. The problems faced by the aged fall generally into two broad categories. First are those problems which are objective, verifiable, physical; problems which can be quantified and measured. They concern such matters as health, economics, housing, and social needs. These are the problems which currently are receiving the bulk of public attention—so far as public attention is directed at all toward the concerns of the aging.

The second group of problems centers upon the meaning of life, including happiness, adjustment, and leisure. These are the more difficult to handle and consequently receive far less attention. It is here that we shall focus our attention. Our particular concern will be to identify the ways in which the church is potentially able to deal with the problems in this second group.

A second general clarification is in order: There is no such thing as an "average" older person. Indeed, the range of individual variations may be wider in this age-group than in any other. Beyond this very real statistical factor lies the right of every individual to "be considered by himself in his own right as a child of God, even though he may be found to have certain characteristics in common with certain other people, such as color of pigmentation, place of birth, language, or the number of years that he has lived."[3] We shall endeavor to keep the individual in perspective, even though much of what we say has to do with the aged as a group. Each generalization will have to be adapted to individual circumstances.

National Trends

The population of the United States as a whole is aging. In 1790, at the birth of the nation, the median age of the population was 15.9 years. By 1950 it had reached 30.4 years. In 1850, only 2.6 percent of the population were over age 65; in 1950, this percentage had risen to 8.1. In the same century, the proportion of the population between the ages of 45 and 64 increased from 9.8 to 20.3 percent of the total.[4] In the first half of the twentieth century, all age-groups below thirty years grew smaller, in some cases by as much as 30 percent. In that same period, all age-groups above 65 years increased, by rates varying from 95 to 133 percent.[5]

The primary factor in this shift of population toward the older age brackets is the birthrate, which declined considerably from 1820 to 1950. The mortality rate has shown a similar decline, so that people of the age to bear children are contributing fewer children to the lower age brackets, while the number who live beyond the reproductive years is increasing sharply, with the net result of a general aging of the entire population.[6]

Briefly, from 1900 to 1950, the total population of the United States increased by about 100 percent, while the segment aged 45 to 64 increased by about 200 percent, and the group over age 65 increased by 300 percent. This trend has produced radical social problems, since the structure of society is geared to stable or slow-changing mortality and birthrates. Such sharp changes, like those resulting from wars in which large numbers of young men are killed, produce severe structural dislocations in society.

Such radical changes particularly affect the major institutions of society—family, church, business, and political units. The systems of economic distribution break down. There are not enough well-defined roles for large numbers

of older persons to play. There are not adequate resources for such large numbers of nonproductive persons. Thus there results a struggle to preserve the balance in each institution and group. In many cases, institutions cannot survive such radical shifts in power, and they collapse under the weight of top-heavy structures.

Another way to understand what has been happening and will continue to happen is to look at changes in the life-span. People now live much longer than they used to, and will live even longer in the future. In 1850, life expectancy at birth was 40 years. Now it is between 70 and 75 years. Population projections indicate that the numbers of older persons in the population will grow significantly larger in the next few years. By 1975, out of a total U.S. population of 235 million, there will be almost 44 million aged 45 to 64, and almost 22 million over age 65. However, there is reason to believe that although the population will continue to increase, the rate of increase will be less among the older portion than in very recent years, and it may be expected to come very close to the growth rate of the total population.

Though we may take some comfort from the probability that proportionately the aged group will not represent a greater source of problems than at present, we still must reckon with the sheer numerical size of this group. By the year 2000, the United States can expect a total population of 275 to 300 million, with 80 to 85 million over age 45, and perhaps 25 million over age 70.

Another way to comprehend the size of the group is to recall that the number affected by the problems of aging far exceeds the number directly affected by crime and juvenile delinquency. There are six times more persons over age 65 than there are divorcees or college students among us. The number of the aged far exceeds the size of most ethnic and racial groups in the United States.

There are two hidden factors, generally overlooked, which may cause the proportion of the population in the older brackets to increase faster than anticipated. As the numerical size of the population moves closer to the limits of the ability of the nation to feed and house its population, the birthrate may decline still faster. Similarly, it is a generally accepted fact of sociology that as the level of affluence increases, the birthrate tends to decline. The simple truth is that, despite the vast bulk of literature in this field, no one has really tried to project fully the social and economic consequences of the rapid increase in the rate of retirement in our population, producing a fast-increasing number of persons who retire earlier and, since they live longer, spend many more years in retirement. This places heavy pressure on the economy and creates an increasing demand for roles and statuses for retired persons that have not before been required.

For these reasons, and simply because of the very large numbers of persons involved, our present difficulty in meeting the problems and needs of the aged in our population is going to get significantly bigger unless we begin soon to take radical steps to offset the present imbalance in our social structure.

Political, Economic, and Social Factors

It is generally not prudent to refer to the "good old days," but it does seem that the agrarian society was better able to make use of the assets of the older members of the population than our present culture, so that the small numbers who survived to advanced age in previous centuries were generally accommodated by society, at least so long as they remained functional. Modern society has succeeded in changing that arrangement as well as many other things. Urbanization, radical improvements in transportation and

communication, sharp increases in the cost of living, and the shift from an economy of scarcity to one of abundance, have altered the ability of many older persons to meet their needs. As a result, they have become a concern to society as well as to themselves.

Extension of the life-span and of work-life expectancy has provided the middle-aged and the elderly with vast amounts of free time and long terminal periods of almost complete freedom from parental and work responsibility. The results of the technological revolution may be seen in terms of the energy used in producing goods and services. A century ago two-thirds of this energy came from human and animal work, while today virtually all such energy (98 percent) comes from inanimate sources. The population of the United States, using primarily human and animal work, in 1850 produced 440 horsepower-hours of energy per person. Today, despite a vastly increased population, inanimate energy sources produce over 4,400 horsepower-hours of energy per person, ten times as much as a century ago.[7]

Cotrell arbitrarily divides societies into those which use less than five horsepower-hours per person per day (low-energy societies) and those which use more than this amount (high-energy societies). The dividing line is thus around 1800 horsepower-hours per person per year. The United States crossed this line in the first half of the present century.[8]

In low-energy societies the family is very important, and the nuclear family usually consists of two generations. The extended family is important to survival and to the division of labor, and is the primary locus of economic activity, welfare, transmission of culture, individual identity, and religious activity. In some cases the church becomes an economic source of support for those lacking family support. Such government as exists is centered in family or

church, or else tends to be very limited, primarily concerned with protection of tribal rights and property, with little relation to individual rights and property and no significant welfare function.

In such societies the position of the aged is strong. They control the family, and thus control population growth, in order to maintain survival conditions. They exercise control over the economic and social order and ensure care of the weak, the ill, and the unfavored; and they also determine punishments. An idealized image of age is usually transmitted from generation to generation. The aged also play the primary role in government.

In contrast, in a high-energy society, there is high division of labor and specialization, large-scale production, and standardized consumption. In consequence the village ceases to be the basic cultural unit, consumption and production are divorced from the land, a price system mediates between producer and consumer, and there is a shift toward inanimate energy sources. When there is high division of labor, the factors of role and status become closely associated with job, and large-scale management units are needed to support specialization. This transition in turn requires mass communication and mass education. Thus technology creates at once the means and the need to destroy patterns familiar to the low-energy society.

The rate of social change has a profound impact on the patterning of individual lives. Moore delineates four types of change in relation to life styles. In the traditional society change is very slow or nonexistent, and individuals model their lives on those of preceding generations. Where moderate change is occurring, the lives of one's contemporaries become the model and the individual seeks to "keep up with the Joneses." When change becomes rapid, there are no longer any precedents, and models of life-style become doctrinal or are imported from other social systems. As

rapid change becomes extreme, youth—the new entrant to the labor force—becomes the model, and obsolescence occurs rapidly. Specialization is the only safeguard, and the lives of older adults become increasingly precarious.[9]

The present status of the aged is characterized by a weak kinship system, complicated by high mobility. Rapid industrial and technological change renders the skills of the aged obsolete at a frightening rate. Older workers are subjected to increasing exclusion from productive work, and it becomes increasingly difficult to separate obsolescence of skills from obsolescence of persons. Since work has attained an almost sacred value in our society, those excluded from it suffer a resulting loss of social status.

The effect on the older segment of the population is profound. As agriculture declines in importance, and as manufacturing and commerce find it more difficult to use the older worker, fewer numbers of older workers are able to find or retain employment. In 1850 only 5 percent of men over age 65 were unemployed, while in 1950 this figure had risen to 55 percent; and by 1975 it is expected to reach 70 percent.[10] Increased financial ability to retire, created by pension and social security programs, makes it easier to justify hiring age-limits and compulsory retirement. As technological change makes certain skills obsolete, simpler segmented operations replace more complex crafts, the pace of production is increased, and supervisory roles are based more and more on leadership skills than on seniority and craft mastery. Fixed-age retirement policies and pension systems become the means to separate the older worker from his work.

In preindustrial and early industrial societies, work and family responsibilities tended to continue to the end of life. Changes in the last half century have established a late period of life during which the two factors of family and work are no longer the primary bases of social partici-

pation. This trend has occurred despite a lengthening of the number of years spent in work and education. In 1900, the average worker spent 14 years in preparation to work, 32 years in working, and 2 years in retirement. In 1950, he spent 18 years in preparation (infancy and schooling), 42 years at work, and 6 years in retirement. If present trends continue, the number of years of education will increase, but the number of years of work will tend to decrease due to earlier retirement, thus increasing further the number of years spent in retirement. Moreover, further increases in leisure time will come as more and more workers are shifted from the present 40-hour to a 32-hour workweek.[11]

Until 1935 retirement was an unpopular prospect, since it was not only economically impracticable for most people but also ran contrary to most philosophies of work, as well as the cherished beliefs of *laissez faire,* state's rights, individualism, the pioneer spirit, and the "Protestant ethic." The great depression of the 1930's forced a change, however, and with the establishment of Social Security and Old Age and Survivors' Insurance, the concepts of social justice and social responsibility became the cornerstones of social reform, so that retirement is now firmly established as a social right. Yet it cannot become a valued social principle without a legitimately defined basis of economic independence and self-respect for the individual.

The ratio of nonworkers to workers in the aged population will continue to grow, and increasing numbers will retire at age 65 or earlier under compulsory plans, even though life expectancy continues to increase and the general health of the population continues to improve. This means that older persons will be a larger group of nonproducing consumers for longer periods of time. Ultimately this may produce an economic problem, especially if it continues to be paralleled by increases in the length of the nonproductive period of childhood and youth,

caused by increases in the numbers of youth who enter postgraduate education, and by the lengthening of the educational period for the majority of our people. One must ask how long the nation can continue to meet the cost of an adequate standard of living with a continually shrinking portion of the population engaged in productive work.

An important factor in the economic picture relates to living arrangements. Most older adults prefer to continue to live in self-owned detached dwellings. If they move from their homes, they do so because of need rather than preference. Older people are less mobile than the society in general. In March of 1965, 20 percent of the total population, but only 10 percent of those over age 65, were living in a different house from the one they occupied a year earlier.[12] In 1950, only a little over 5 percent of those over age 65 were living in institutions or "noninstitutional quasi-households" rather than in households. Significantly more persons over age 65 own their own homes and have free and clear title to them than is true of the population as a whole.[13] Only one of eleven Americans is over age 65, but one of six heads of households is over 65. These facts make it difficult to understand why home building and urban expansion in recent years have generally been designed to produce age- and economic-stratification. In most cities, the elderly are concentrated in particular sections of the city, apparently from patterns of housing availability rather than from patterns of choice.

Ethical Considerations

Nature does not appear to create a special place for the aged. One writer holds:

> Nature in the raw has never been very kind to old age in any species. The cycle of life begins and ends under conditions of dependency; but in the end stages of dependency there are, appar-

ently, no "instincts" or inborn propensities which impel the off-spring to sustain the ancestor or that match or compare at all with the biologically determined "parental drives." It is not common to find animals providing for their parents and grandparents.[14]

He concludes therefore that responsibility for the aged is a learned and distinctly human achievement, deriving from man's propensity and ability to be "culture-building" and "culture-bearing."

The universality of this human achievement may be seen by examination of primitive cultures. Among the natives of the Andes advanced age is considered a sign of having overcome great obstacles in life and is thus considered deserving of respect. This respect is earned through possession of wealth, community service, and service to one's kin. The healthy aged continue to work, though at lighter tasks than before and are respected and given social privileges. They are given handouts when needed, and are never contradicted.[15]

The old are much revered among the St. Lawrence Island Eskimos. The old work as long as they are able, the men continuing to hunt and fish, the women caring for children, and making and repairing clothing. The old often serve as foster grandparents, and the old men belong to the council, hold positions of leadership, and are the custodians of the traditions. Until recently, ritual suicide was a common and respected means by which the elderly could deal with severe illness and advanced age.[16]

In Japan age and respect are closely correlated, and greater latitude of behavior is allowed the aged, although persons are expected to dress according to their age. Voluntary retirement at age 61 is generally practiced and is often followed by a period during which the husband and wife "get to know each other for the first time," often retiring to a small house in the country. The aged are generally cherished and indulged.[17]

Among the Burmese, old age begins at 50 when family rearing is generally completed. Economic retirement is gradual, and the elderly are expected to devote themselves to religious duties, merit-gaining deeds, and meditation. They are expected to lose interest in worldly affairs and to conduct themselves accordingly. Their influence in the family and community does not decline, however, and retirement is spent living for long periods of time with grown children or grandchildren or with younger siblings.[18]

In India the family is the primary social unit, and the aged are revered. Those who follow the Asrama system are expected in later years to prepare through study and meditation to renounce worldly relations and become wandering religious mendicants. Those who choose to do so may continue as householders, but they are expected to moderate their fulfilling of sensual pleasures. The *malik* (clan chief) is responsible for the behavior of clan members and for occupational training, hospitality, and religious welfare. His wife, the *malikin,* is the economic head of the clan and is responsible for the training of the daughters and for the health of the clan.[19]

In preindustrial and agrarian societies, the aged generally hold positions of influence and security, which are supported by property rights, close family and kinship relationships, magical and religious beliefs, and the possession of knowledge and technical skills. Among the Norse, any person who can show to the elders that he is too old and infirm to work is supported on each farm in the community for a period of six days. Such persons are well cared for, since it is a great social disgrace to be hardhearted toward the poor. The earliest form of social welfare, a system of rules and conventions for sharing food, is found in nearly all primitive societies. Generally in preindustrial societies the aged retain their place in society by caring for the lighter tasks, and thus by assisting others with eco-

nomic and household enterprises. These are generally sedentary tasks not requiring large amounts of energy, and are simple crafts and agricultural tasks. Sometimes they represent little more than a toehold on security.

Property rights are generally the clue to influence and security for the aged in the more advanced preindustrial societies. But in every society successful and secure old age results primarily from adjustment to the changing social system and to the rising generations. The ability to grow old satisfactorily is, in large measure, a function of the ability to exert sufficient pressure upon the younger generations to cause them to support and meet the needs of the old and the weak. In other words, the younger generations will care for the older in proportion to what the aged have that the youth want, whether it be property, wealth, technical knowledge, magical power, or experience. Old-age security is firmest where there is a mutually supportive relationship, and the severest handicap and hazard to the aged and infirm is to find themselves unnecessary and thus cut off from the interests of the younger generations on whom they must rely. Few of the aged, and they are the highly gifted or the very wealthy, are regarded today as indispensable. The reason seems to be that today professional skills and excellence are acquired early in adulthood, and the skills of the elderly are shelved, in effect, by the more advanced skills of the young. This condition develops not primarily because of a shortage of roles for the aged to play but because the rapid explosion of this portion of the population has, in effect, created a surplus of the aged in proportion to the number of available roles. Society thus faces the need either to expand present roles for the aged or to create additional ones.

In present-day American society one must somehow endeavor to grow old without becoming dependent, for age is not understood to create the *right* to be dependent.

This independence of spirit derives from the high importance placed on work, so that those who cannot do productive work must be treated as useless, obsolete, or worse. For many elderly persons, therefore, the alternative to such degrading treatment is the maintenance of a fiction of independence behind a facade of "inviolable selfhood." The price of this fiction is often loneliness and isolation, fear and despair. Many Americans are destroyed in order to preserve the idea of the central importance of work in our society.

Market values have replaced human values. The supply-and-demand economics of a society of scarcity has succeeded in creating a society of affluence, but at the same time has placed a penalty on aging, since the aged are short on both energy and remaining years of productivity. There is no place in a market economy for the unproductive. And that same market economy, coupled as it is with the characteristics of high-energy societies, has destroyed the capacity of the family to care for those whose services have no market value. Yet the aged remain a great national reservoir of human resources which can be tapped only through effective planning and social initiative. Successful aging is based on the capacity and opportunity of the aged to fit into the social system in a way that will ensure security and influence. But under industrialization and urbanization, the proportion of the aged among the indigent and the dependent has increased so sharply that dependency, disability, and isolation have become the normal expectancy for old age. Social security legislation has served only to solidify this pattern.

The result is that the aged sense the hostility that society bears toward them just because they are old, and therefore many in our society fear growing old. They become increasingly resistant to changes they don't understand, or which threaten to make them obsolete. Because

society has no plan by which to assimilate the aged, they are shoved aside when they become unable to compete. Our emphasis is on youth, and we assume that all that the elderly want is financial security and freedom from responsibility and that all that we can do for them is to make them comfortable until they die. But, unlike primitive societies which allowed the aged to fall behind and die rather than become useless and helpless, we do not even allow them to die gracefully.

The results can be seen in the changes taking place in our value systems. Individual responsibility is being replaced by the expectation of financial security and the right to share in the output of the economy. The productive members of society are being expected to assume more responsibility for the aged even as they do for dependent children. Leisure is becoming an end in itself, instead of a recuperative interlude between periods of work, and the value of work is shifting toward becoming a means to leisure. This change appears to be leading to a reversal of the "Protestant ethic," under which only productive activity is valued and work and play are opposites, and to a return to the Greco-Roman concept that leisure is to be used for the higher activities, with contemplation or pure nonproductive activity as the highest. Until this shift is accomplished or some other value system appears, leisure and retirement remain a problem because they are nonproductive and therefore economically valueless, and because they make persons dependent on those who are productive. Work has lost its function as a central life-interest, but it has not yet been replaced with some other means of achieving self-identification and social placement.

The shift has occurred because there are limits to a market culture. When society becomes affluent, that is, possessed of a moderate sufficiency of life's necessities, consumption turns more and more to leisure-time goods

and services, such as recreational and hobby equipment. But when retirement is dictated not by the needs and interests of the individual but by those of the corporation, the situation becomes further complicated.

> Retirement is the creation of an economically non-productive role in modern societies which are capable of supporting large numbers of persons whose labor is not essential to the functioning of the economic order. As a process, retirement is the prescribed transition from the position of an economically active person to the position of an economically non-active person in accordance with the norms through which society defines this change.[20]

This transition, however, creates serious adjustment problems for the retired person, as we shall see later, not the least of which is the fact that the choice of retirement is usually not his. Part of the problem also arises from the fact that our society lacks a well-defined and institutionalized rite of passage and role system for retirement, and thus, to the great harm of many, retirement results in deep feelings of social rejection. Society must create such roles and rituals if the aged are to retain a sense of belonging to society.

The new leisure class of the aged has a large potential value to society in the form of nonpaid functions essential to the conduct of political and civic affairs. They are also the "leisure innovators" of the nation, and the patterns and precedents they establish in the use of leisure will be followed by other age-groups as leisure continues to become more widespread in our society. "If we are to have a new society, if the added years are to be meaningful, one thing is clear; we must begin to see the aging of the population as an *achievement* which has created an opportunity to be grasped, rather than as a set of problems to be solved along humdrum lines."[21]

Under the appropriate conditions, old age can have many advantages, such as the opportunity to enjoy the

results of one's labors, to be independent, to be altruistic. There can be greater selectivity of many kinds: greater marital affection, increasing pleasure in human relations, greater esthetic appreciation, depth of character, poise, satisfaction with the past, and maturing religious conviction. There can be freedom: to escape from routine, to be selective about social commitments, to form new friendships, to initiate social contacts, to be alone, to seek adventure, to extend one's horizons.

To be profitable, old age is not dependent so much on security as on the opportunity for growth and creativity, and opportunity thus appears to be limited so long as we continue in a market culture. Yet technology holds out this promise if, for example, it is used to bridge the gap between the artist and the public, and if large numbers of persons become interested enough in the creative arts to engage in them in their free time. The future of large amounts of leisure will be very empty and meaningless when technology ultimately does away with all drudgery, unless there is the opportunity to create the new and the better and the unfamiliar. The ultimate aim for life must be to express oneself as fully as possible, according to one's own interests.

ii.   characteristics of aging

SINCE AGING IS SOMETHING that happens to everyone, there ought to be a rather high degree of accuracy in people's understanding of what aging is. The reverse seems, however, to be nearer the truth. There are many widely held fallacies about what it means to grow older. Older people are believed to be generally in poor health, to enter into a second childhood, to be relatively unable to learn, to be reactionary or resistant to change, to desire relief from responsibility. Each of these ideas is true of a small portion of the aged, but none of them is universally true. For example, the largest incidence of chronic illness is in the 34-to-45 age bracket. Much of the condition described as "second childhood" results from disease and body damage, not from aging as such. And resistance to change has already been identified as largely due to social insecurity.

Aging is best understood as a lifelong process. It is characterized in the early years by growth, enlargement, differ-

entiation, and refinement of capacities, whereas in middle and later adulthood the characteristic pattern is involution or senescence, that is, gradual decline, decrement, and loss of function. Young adulthood, then, is the period when growth is finished and the basic capacities of the organism are at the peak of their development. The setting of goals, formation of the family, social establishment, all are the tasks of this period. The end of the fourth decade of life marks the beginning of a new stage when energy begins to decline, the nature of social relationships begins to change, and a period of restlessness and the setting of new goals ensues. A third stage of adulthood begins somewhere around the end of the seventh decade. Now there is marked loss of energy and sensory acuity, frequently accompanied by the onset of chronic health problems, and social and family ties are again altered. For some, the freedom from parental and work responsibilities make this the most satisfying period. In some cases a fourth stage, that of extreme old age, occurs. This is marked by extreme frailty and invalidism, with a high degree of social withdrawal, and is frequently accompanied by mental pathology.

Physiological Characteristics

Aging must be seen physically as one aspect of the growth of the organism. There are several changes which occur more or less throughout the life-span: decrease in metabolic energy, decrease in cell division and repair rates, general slowing of the body's ability to keep itself in top condition. These processes all occur gradually until, quite late in life, there is a rapid downward acceleration. This is a natural process, part of the overall economy of nature, in which organisms wear out and are replaced. In a sense, the biologic usefulness of human beings is largely,

though not entirely, completed with the end of childbearing, and the emphasis thereafter falls more naturally on the cerebral functions.

Toward the latter part of the middle years, the digestive process slows, as do also activity and reflexes, and there arrives a period which ought to be characterized by quiet busyness. These changes are gradual and the rate varies from person to person. Sensory acuity declines, beginning in middle age. Far-sightedness is common about age 45; and changes in the retina and cornea, which begin as early as age 30, make vision in poor light increasingly difficult. Hearing loss, especially of the higher frequencies, is common. The reproductive function also slows during the later middle years. As age increases, changes in the metabolic rate call for increasing amounts of rest and sleep.

There are a number of areas of potential stress as one grows older. Changes in physical attractiveness, retirement, declining energy levels, increased likelihood of illness, greater probability of helplessness, changes in the cerebral functions, and greater uncertainty about the amount of life remaining, are all calculated to increase anxiety with each advancing year.

Disease is not automatically a problem of aging, yet many of the stress factors in turn influence and are influenced by disease. The incidence of chronic illness increases steadily with age. One study found that 45 percent of adults under age 45 have one or more chronic conditions, but only about 7 percent have resulting limitation of activity. This pattern increases steadily until almost 80 percent of those over age 65 have one or more chronic conditions, and limiting disabilities have increased to 45 percent of this group.[1] Essentially, as age increases, the body's ability to repair injury lessens; reactions to injury (symptoms) are less conspicuous; and reserves for handling stress are diminished. Tolerance for extremes also declines.

One unfortunate result of this pattern is that an older person may be suffering from serious illness, beyond the point where a cure is likely, but without showing any obvious symptoms such as those which would occur in a much younger person.

There are no specific diseases of age, but the frequency of some types is higher, notably vascular problems, such as arteriosclerosis, high blood pressure, and heart disease; and metabolic disorders, such as diabetes, gout, anemia, obesity, and many types of cancer. Many of these disorders arise from within the organism, more or less as the result of a series of superimposed insults to the system. Since symptoms are generally slow to appear, these disorders tend to become chronic; and rather than producing immunity to recurrence, they tend to increase the system's vulnerability to other disorders. The ability to maintain systemic equilibrium also declines, and there is less ability to tolerate extremes of temperature, diet, blood sugar, and so forth. An apt description is that physical aging is a process of gradual homeostatic failure, wherein the body becomes less and less able to keep everything in balance. This is brought about by successive injuries, strains, and deprivations. The rate of aging is thus determined by heredity, environment, use of capacities, and energy output. Withdrawal from the struggles of life into some kind of vegetative existence provides no solution, however, for the latter state is worse than the first.

Those with chronic illnesses have two primary tasks: to adjust to their disability, and to deal with social resistances resulting from the illness. If one's accustomed place in society is closed because of chronic illness, there is a need to define a new place for oneself. This is always accompanied, however, by the temptation to take the easy way out by remaining an invalid. This escape presents a risk, however, since the sick role in our society is acceptable only if tem-

porary. The chronically invalid are suspect and frequently rejected in the long run. If not rejected, the chronic invalid is gradually eased out of his normal social position as social relationships are adjusted to compensate for his absence, so that after a period of time it is virtually impossible for him to return to his old place. Many older persons impede their recovery from chronic illness and inadvertently commit themselves to the role of permanent invalid because they grow frustrated with the apparent lack of progress at recovery and find it increasingly difficult to relate to those responsible for their care. There is a growing sense of dependency on medical personnel who seem, to the frustrated patient, not to know their business, and this reaction further contributes to the slowness of recovery. A growing awareness that one has been excluded from normal society and is not missed leads to depression which furthers the course of the illness or makes invalidism more attractive. Thus, maintenance of a position of value to others is essential to well-being and health for the aging.

Retirement from work seems to have no direct effect on either physical or mental health. However, the individual's adjustment to it may have a significant effect. A key factor here is the individual's feeling that he still possesses the ability to do productive work, even though his employer seemingly does not agree. Older workers appear to diminish in productivity, and their retirement in favor of younger employees thus appears justified. However, there is reason to believe that actually the fear of approaching retirement and its attendant problems is what causes lessened productivity, rather than any result of the aging process in itself. In addition to actual loss of health, the major reason for retirement is usually mandatory retirement and hiring-age policies which are related to the employer's convenience more than to the employee's rate of production. The growing sense of being uncompetitive in

a highly competitive employment market may contribute to a loss of motivation and thus to a loss of ability.

Death, when it comes in old age, is not the direct result of aging, but most often is the result of the wearing out of one vital part. Nevertheless, the radical decline in this century of mortality at younger ages has resulted in the singling out of old age as the period of death. Preparation for death thus becomes one role of the elderly. Since death no longer occurs among younger persons as a part of the general social pattern, the association of death with old age encourages segregation of the aging as the dying. We hide from aging because it reminds us of death and we wish to avoid having to confront the fact of death. But this very removal of death from everyday circumstances makes it hard for the aged to prepare for death. Consequently the aged try to remain active and to avoid facing death; thus they become the symbol of both the inevitability of death and the futility of denying its existence.

In our society, man attempts to come to grips with death either by trying to prolong his own life or by trying to achieve immortality. He sometimes does the latter through religion, but more often he seeks to do so through the perpetuation of his accomplishments, or through the perpetuation of his control over his descendants. Thus, many individuals construct elaborate memorials to themselves through foundations and through complicated restrictions on the use of their wealth by descendants.

If aging can be seen as a natural biological process which normally terminates in the death of the organism, the aging individual can learn to view the approach of death in a manner which dignifies both death and himself.

Psychological Characteristics

Psychologically, aging may also be seen as a process, in which different faculties and qualities of the organism ma-

ture at different rates. There are numerous systems of explanation of the various stages of development. Slotkin defines five stages of adult striving: *exploratory,* when various possible goals of life are studied; *selective maturity,* when a goal is selected and the process of achieving it begun; *testing,* when reflection about success ensues; *indulgent,* when maximum satisfaction from the prime of life becomes the goal; and *completion,* a period of looking back, when no further goals are sought. These stages begin, successively, at about the ages of 15, 28, 43, 48, and 65.[2]

Erik Erikson defines three stages of adulthood, each characterized by a polarity of struggle for further development:

(1) *Early maturity,* presenting a choice of "intimacy and distantiation vs. self-absorption." The task here is to maintain the identity established in adolescence, by entering into genuine and mutual intimacy with a person of the opposite sex, and by repudiation and, if necessary, destruction of forces and persons that threaten one's identity (distantiation). The alternative is isolation and stereotyped and formal relations, without warmth and real fellowship.

(2) *Middle maturity,* offering a choice of "generativity vs. stagnation." Generativity is primarily the interest in founding and developing the next generation, and while its most frequent form is parenting, there are forms of altruism and creativity which may fulfill the same function. The alternative to generativity is "to indulge themselves as if they were their own one and only child." It should be noted that physical childbirth does not automatically establish the goal of generativity.

(3) *Later maturity,* characterized by "integrity vs. despair and disgust." Integrity is the acceptance of one's life cycle and the people who have been part of it, as

something that had to be, and a readiness to defend one's own life style against all threats, whether physical or economic or social. The alternative is despair with a life that is too short to seek other routes to integrity, and disgust with one's self, which is usually projected onto others.[3]

One's identity, then, needs regular reaffirming if it is to avoid identity breakdown, "a social occurrence which belies what the person has announced he is, and what he is capable of, by assuming the role of participant."[4] Such a breakdown renders role performance and the maintenance of one's identity far more difficult. In older persons, sufficient embarrassment from the breakdown of identity may completely inhibit a particular activity. Successful aging requires a positive self-evaluation. This in turn requires that one continually modify the criteria by which he judges himself, so that they remain in keeping with his interests and aptitudes. The aging person needs a social role he can maintain with small risk of failure. Possible roles are learned elder, keeper of tradition, expert, resource person, and adviser, all of which reduce both the risk and the demands on time and energy.

Allport sees maturity as including: ego extension, self-objectification, a unifying philosophy of life, capacity for warm, profound relationships, ability to cope with practical problems, and compassion. Maturity is the ultimate goal of life, and its attainment is hampered by fear and withdrawal, rejection and loss of self-respect, failure and frustration, or by insulation from the world and complacency and pride.[5] Another writes that maturity is composed of awareness, objectivity, emotional responsiveness, and civility.[6]

The social and physical factors of aging have their effect on psychological stability. Impaired physical conditions and the decline of some mental faculties result in the decrease of self-esteem. Social rejection leads to a sense of

uselessness, loneliness, depression, and psychological rejection. Two common psychoneurotic reactions to aging are hypochondriasis and depression. The first is a syndrome in which the individual believes that his body or part of it is malfunctioning. The inability to meet social or economic demands is a common cause. The individual attempts to maintain self-respect by obtaining financial support and medical care because of illness. Failure to achieve this aim leads to further withdrawal and concentration on the body functions. Society's emphasis on independence and achievement contribute to this kind of escapism, because one who is ill is temporarily excused from these demands. The aging person who can no longer fulfill society's demands may use illness as an excuse. This ultimately fails when others become convinced he is "playing sick" and withdraw their support. Non-psychotic depression becomes more frequent with age in most people. This appears to result from changes in the social environment which make it more difficult for the individual to satisfy his needs, resulting in a loss of self-esteem. It may be associated with actual suffering or loss. The loss of friends and loved ones is a major stress factor with increasing age.

There are several crisis periods associated with aging: the empty nest, the birth of grandchildren, menopause (in women), the death of long-standing friends or of one's spouse, retirement or decline or loss of income, and the onset of chronic illness. The ability to handle these crises is determined earlier in life, particularly by the degree to which the identity becomes firmly established in adolescence and early adulthood. Fortunately, aging is accompanied by a decline in receptivity to stimuli, which functions to conserve the organism and protect it against some of the shocks of these crises.

There are some psychological characteristics which can

properly be called direct effects of aging. Changes occur in the central nervous system, in sensory and perceptual capacities, and in the ability to organize and use information. However, maturation of many mental capacities extends well into middle maturity and then declines only gradually until very late in life. Cerebral capacity remains high until later years, so that a person is usually still as mentally capable at seventy as he was at fifty, and at eighty is the equivalent of his twenties, and at ninety still a match for his teens. The degree to which intellectual powers are retained is primarily a matter of motivation. Motivation is affected by losses of strength and energy, status and role, income and friends, children and spouse. The behavioral aspects of aging are the result of adjustments to inner reactions, self-image, feelings, efforts to maintain ego balance, tolerance of stress, and external factors such as social changes and awareness of the expansion and constriction of the life space and changes in its content.

An important component of later life is fear, especially the fear of illness, which is compounded by the fact that "we are increasingly creating the conditions wherein the aged can be kept alive to no purpose, in semi-invalidism, and at fantastic social and economic cost."[7] The aging individual also fears physical helplessness, economic insecurity, social rejection, and the insults of aging: loss of attractiveness, health, vigor, and status.

The manner in which the aging individual reacts to these upsets to his equilibrium is determined by his personality, and reflects the previously established methods for dealing with problems. These methods are the product of his psychological development. One significant factor in successful aging is not age itself, but how old one feels. Those who report feeling younger than they are generally are better adjusted. Health, activity, and social

approval are also important factors in healthy adjustment to aging.[8] Those who see themselves as unhealthy have difficulty in knowing what to do with their time, are less happy, more inclined to worry, less likely to see themselves as busy or useful, less satisfied with life, less likely to have belonged to organizations, more aware of special organizations for the aging but less likely to belong to them. They are more depressed, less active than those who report themselves as healthy. Their perceived health condition thus reflects itself in their mental outlook.[9] Of course, problems of adjustment are not confined to the retired. They occur throughout adulthood, particularly for laborers and white-collar workers. The problems of keeping up with other members of one's union or employment group provide frequent opportunities for comparison with other workers of one's own age, as well as those both younger and older. The patterns of hypochondriasis and depression described earlier can sometimes be seen in younger workers who are passed up for promotion.

Adjustment to old age is thus part and parcel of the lifelong process of living, and a function of the amount of satisfaction gained from life before entrance upon later maturity. The problems and difficulties of adjustment to aging tend to be continuations of earlier problems. Successful aging requires the ability to live in the present. People tend to develop all kinds of defense against aging. Some of the typical rational defenses are: care of the body, formation of new friendships, civic and community activity, formation of new interests, planning for retirement, learning to give up and release one's children and one's past. Common forms of irrational defense are: memories and fantasies, regression to infancy, hallucinations, and loss of hearing, sight, and memory. Clinging to one's possessions may also be a form of defense, an attempt to retain the glory the possessions represent. Wise letting-go,

on the other hand, can be a form of freedom of the self. This can apply to ideals as well as possessions, for ideals are meant to be realized and then superseded. Loquaciousness is also a common form of defense against the loneliness of age, but it ultimately fails, because the garrulous oldster neglects the importance of feedback in communication, and succeeds only in driving people farther away. Retreats into silence, talking to oneself, and gossip are other forms of verbal defense against loneliness. Older people often attempt to misuse authority to thwart the possibility of loneliness.

In general, successful adjustment is accomplished by the ability to satisfy interests centered in the self and in the present, or by the focusing of one's attention on a larger whole of which the self is a small but significant part. Older persons may be classified as successfully creative, or as struggling toward creativity, or as those in whom creativity is submerged. The first group are those who have essentially made a successful adjustment and consolidation of life, and the last are those who have largely withdrawn from life, while the middle group retains some hope of successful adjustment, but not without difficulty.[10]

Economic Characteristics

The aging person in our culture is under strong pressure to remain active as long as he can, since a decline in activity means a decline in productivity and thus in social value. When inactivity is forced upon him by lack of strength, it often creates serious problems, as we have already seen. Occupational retirement is perhaps the most crucial life change in adulthood, since the individual's occupational identity is the most important means by which our society determines his place in the social system. The retired person finds himself without a functional role,

and thus without a social identity or self-concept. The disappearance of the factor of individual choice about retirement may be an indication that our free society is in deep economic trouble.

The importance of work derives from its social nature, and it is this aspect which the retired person misses most. When he is no longer a gainfully employed worker, he belongs to a category inhabited by housewives and children, outside his familiar network of social life. If, as is most often the case, he is unable to adapt readily to his new situation, he senses a loss of status and of identity which derived from his membership in a vocational peer group. The happiest people in our society may thus be a few creative artists, scientists, philosophers, and statesmen who really never retire. The mass of men are not so fortunate, but must accept work which, even when not to their liking, serves to establish social bonds and a sense of belonging. So long as work retains this measure of importance, retirement from work will constitute a serious problem for most men and for many women, unless substitute associations can be planned for and formed by those who feel the loss of a job-oriented identity.

Retirement creates economic problems of serious proportions for many people in our society. A study of elderly heads of households revealed that nearly half of them had never had an annual income in excess of $3,000, and two-thirds had saved less than $500 in the last five years, while three-fourths had no hospital insurance.[11] In 1950, the median income of families whose head was over age 65 was slightly less than 60% of the median income of all families. One out of seven families with a head over 65 and two out of five individuals living alone had incomes of less than $500 annually.[12] This lowered income and economic insecurity seriously restricts social movement, fosters withdrawal and loss of self-respect, and seriously limits

the individual's ability to acquire needed medical and physical care.

Our whole educational system is geared to the inculcation of the value of usefulness, yet the institution of retirement is based on the idea that a man, taught all his life to be socially useful, can suddenly make the transition to a life of idleness and retain his self-respect. T. V. Smith described retirement as living to preside at the funeral of one's own reputation. Retirement has become a rite of passage, which, like all such rites, is both desired and feared.[13] It marks the passage from productive maturity to nonproductive old age. How ironic that the passage into a life of idleness and free time is so often marked by the presentation of a gold watch for which the recipient has less use now than ever before in his life!

In recent years retirement has been attended less and less by ceremony and has acquired the character of something one does not talk about. But there is evidence of a shift in society's attitude. A recent survey indicates that work is no longer a central life interest for workers. Only ten percent of a group of industrial workers reported that they found their primary social relationship in their place of work. The factory worker is now the most conspicuous consumer of leisure, and the middle and upper class workers seem headed for more conspicuous occupational involvement.

Retirement "today usually means *ejection* from a useful job which has been the main source of financial support, back to a low-income situation where (for good reasons or bad) there is *rejection* from a family group, and where the older adult finds many of the community's activities of decreasing interest. . . ."[14] Our society denies paying jobs to the older persons in our midst and then treats them as second-class citizens because they do not have such jobs. Furthermore, it refuses to attach social value

and recognition to their voluntary contributions to society. "It is almost as if society had a sadistic urge to see them eat humble pie."[15]

When retirement is compulsory, the worker does not leave the work role in a way which reflects favorably on his ability to work or perform other social roles, and he must now operate in an age-graded social system which defines the aged as those most likely to fail. The increasing bureaucratization of both labor unions and corporations, with increased tendencies toward rigid policies on hiring age and retirement age, together with the establishment of fringe benefits and pension plans, leaves the worker with little to say about his own situation. Furthermore he finds himself with radically obsolete skills and knowledge and lacking the degree of education required to get another job. In other words, he is trapped. The loss of regular income forces him into dependency, economic difficulties, reduction of extrafamilial associations, and loss of routine. Thus retirement involves the need to recognize that one is aging. It requires that one turn his life work over to another and accept a future full of dreariness, without accustomed routine and with new, but ill-defined roles.

Today many workers are retired from the activities and concerns of normal adult life fully two decades before they experience any physical impairment which would justify such retirement. We have thus created a large new period of life for which there are no traditions and institutions of society. We have not defined the tasks and roles of senescence as we have those of youth and adulthood. Then we have further complicated the matter by confusing functional and formal old age. We tend to think of all retired persons as though they were functionally old and helpless, when many of them are only formally so.

Retirement also creates problems at home. The wife is

apprehensive about having her husband around all day, upsetting her long-established patterns and trying to take over her decision-making roles. The problem is well illustrated by the wife who protested about her newly retired husband: "I married him for better or for worse, but not for lunch!"

Relations with adult children change, since a parent's retirement may create a situation in which the younger generation is called on to provide economic assistance or perhaps housing. This need compounds the social differences already existing between the generations.

Retirement must be planned for. If leisure is to be meaningful, the retiree must engage in meaningful activity which helps to provide for social identity and a healthy self-concept. Problems arise because in our culture leisure is defined as superfluous and the opposite of work. Leisure may have a value, but to make a career of it goes against all our cherished values. The problem in retirement is not empty time, but the lack of ties to the real world, the world of the job, for work is still the appropriate way to the virtuous life, and the man without a job is a social misfit. Difficulties during retirement thus derive most often from the deep personal and social needs which were formerly met by work and job, and from the failure to plan adequately for acceptable substitutes.

Radical changes in the work role can only cause disequilibrium and alienation for the worker in a society with such a religious devotion to work and production. One writer notes that this "Protestant ethic" of the virtue of work is not a culture-universal, but rather a culture-specific. That is, it is peculiar to the present era, and to the western world. One may therefore expect that when the conditions which produced this ethic no longer exist, it will give way to one that is more appropriate. If the work ethic is a product of the economy of scarcity which has prevailed

until very recent years in our part of the world, then the presently emerging economy of abundance should produce a different ethic more suited to our time and our needs.[16] In the meantime, however, attempts to keep older persons on the job or at least engaged in seemingly productive work will serve only to perpetuate this obsession with work, an obsession that becomes increasingly impractical, not only for the older worker, but for the vast majority of adults. Aging persons will be better served by helping them to find alternative forms of gaining social recognition and a sense of belonging.

The dichotomy between work and play, deriving as it does from the work ethic and the economy of scarcity, is rapidly becoming meaningless as work becomes easier and play harder. As work becomes less necessary to economic survival, work becomes less a duty, and play less a privilege. Many of the values once associated with work can now be more easily attained through recreation. Maintenance of physical posture and stamina through hard exercise is a good example. Many men play golf to keep in shape. If this reversal now becomes a general principle, then we will need to learn how to play, and will need to make a career of leisure activities just as we do of work activities. The use of leisure or discretionary time is a problem only when work is a problem. Those with prestigious or economically rewarding jobs are likely to develop the associations and the skills which contribute to a positive self-image, and to be able to maintain this through radical life changes. On the other hand, as noted above, the work role is becoming increasingly irrelevant for large numbers of workers. As work ceases to be a source of satisfaction and of social relationships, problems with retirement adjustment may become more likely and more severe.

Many persons approach leisure with a set of values

associated with work. This is bound to create problems for the person who is unable to work in a society which reserves its highest rewards and recognitions for those who work. As a society we are about to be liberated from work and have nothing to which to be liberated, nothing valuable to replace work. Interviews concerning the meanings attached to work and to leisure activity reveal that the values most often associated with work, such as income, prestige, service, use of time, social contact, creativity, and achievement, score much higher for work than for leisure, while such values as pleasure or change of pace are rarely mentioned in connection with work, but score quite highly in respect to leisure activities. Ours is definitely a work-oriented society. The employed person need not justify his leisure activity because it is seen by others as part of the rhythm which makes him a better worker, and because he already possesses social identity from his work. But the retired person must find his identity in his leisure, and this is difficult in a society which holds leisure to be valueless.

The meaningful use of leisure in retirement depends on the degree to which the individual follows a coherent and continuous pattern through stages to an end goal. For such a person, leisure retains its function of recreation between periods of goal-directed activity. Part of the challenge is to learn self-discipline. Failure need not automatically become a part of aging and retirement. Advantages can be found in leisure when it is seen in terms of freedom to fulfill social obligations or to decline to do so, of psychological freedom, and of the inclusion of a whole range of values, from insignificance to weightiness. There are a number of polarities to be found in leisure: self-directed vs. other-directed (to read or to visit a sick friend), participatory vs. receptive (to play music or merely to listen to it), terminal vs. continual (to attend a

lecture or to enroll in a weekly class), individual vs. group (to loaf under a tree or to go on a group picnic). Much of the quality of leisure relates to how other persons are perceived, whether the activity is bound by rules or is free and creative, whether one goes out to the world or seeks to bring the world in to himself. Adequate use of leisure must involve commitment, involvement with others, and relevance to one's status.[17]

Leisure activity is often thought of in connection with hobbies, but there is evidence that hobbies can be degrading and may compound the sense of uselessness rather than relieve it. Hobbies have significant value for the retired when they have to do with objects or interests which have intrinsic or potential value, whether economic or social value. Such valuable leisure activities are exemplified by collections which are also investments, the restoration of furniture, and volunteer work for a church, social agency, or political organization.

Social Characteristics

Just as one's self-understanding grows out of interaction with other selves, so the stages of life are perceived in response to clues assembled in social situations. Each successive stage requires new understandings, new definitions, new social groups, new responses for old situations, and old responses reshaped for new situations. Aging is not a condition or state of being, but a process of change. And the elements which feed into this process are in large part social. Problems associated with economic difficulty and the obsolescence of persons in retirement are direct products of the social environment. "Thus the current situation of the elderly is not only a commentary on how our social system has operated in the past; it is also a disturbing prophecy about the future of any contemporary man."[18]

Man is a social being, and therefore his understanding of himself is derived from the social setting in which he finds himself and how he perceives himself in relation to that setting. The qualities and meanings of human life exist in relation to that which is beyond the self. A man's evaluation of himself grows out of the standards his culture offers him for evaluation of human behavior. The degree to which an aged person is happy or frustrated results in large measure from the disparities between his perception of himself and his understanding of how or what he ought to be, as a member of his particular society.

The social problems of the aging are larger today just because their numbers are larger. In primitive societies, the number of persons over age 65 rarely exceeded from one to three percent of the population. Since few persons survived to advanced age, it was possible for those few to play significant social roles. Furthermore, entrance into the status of the aged was gradual, and usually not tied to chronological age. The status of the aged was part of the cultural system, but not tied to various kinds of legislation as is partly the case in our own society.

In most social systems the process of becoming an elder is defined by custom, just as is the process of becoming an adult. Aged status may be functional, that is, tied to changes in the individual's health or functioning; or it may be formal, that is, related to certain exterior events, such as the birth of the first grandchild. In American society, the status of aged tends to be more and more formal rather than functional. Most often it is defined purely in terms of calendar age. Our system thus functions primarily in terms of age-specificity, so that one's social position is in large part determined by the age-group to which one belongs. Shifts from one age-group to another tend to be characterized by some degree of discontinuity.

In primitive society there were distinctive roles for the

aged, such as: master craftsman, magician or shaman, priest, midwife, social leader, storyteller, keeper of the tradition. Primary roles in government were available to the elderly, and often age was a prime requisite for the holding of office. Thus the experience which accumulates with aging was allowed to function as a substitute for the physical vitality of the earlier stages of life. The aged were frequently the custodians of the oral tradition, and were considered to have an "in" with the spirits whom they would soon join. They were often thought to possess magic, and thus they became the keepers of shrines and the possessors of the special knowledge associated with the tribe's rituals, rites of passage, and the mysteries of life. Thus primitive society often succeeded rather well in fulfilling the requirement that one's selfhood and sense of personal worth must be closely tied to the social setting, since the sense of self cannot develop apart from the expectations and confirmations of others, and it cannot be maintained for long without some measure of support from other members of the society.

The roles and status positions available to the aged are determined by the values, beliefs, and sentiments present in the social system. These change, to be sure, with the passage of time and within the various subsystems of the society, so that the treatment given the aged may vary considerably within a large society. But many of the problems associated with aging in our society can be traced to the radical shift from the primacy of the aged to the emphasis on youth and remaining young. As a person approaches retirement, he is thus required to move from a social position that is well defined and recognized into an existence that lacks definition and prestige and has a high degree of social uncertainty about it. He is further required to relinquish roles and relationships associated with productivity and to move into a much smaller life-

space in which his life-style must be radically modified. He faces an existence in which he will be much less able to satisfy his basic needs.

Many of the problems associated with retirement appear to arise because we restrict the social activity of the aged, and at the same time tend to be more permissive toward deviant behavior. Certainly much of our attitude toward the aged is controlled by the extent to which they continue to be perceived as a threat to the younger generations. The sense of rejection which they feel is tied to the failure of society to provide meaningful roles for its aged members.

Some are able to grow old without losing their roles as typical adults, but most find that time robs them of the normal roles of adult life, and they must seek substitute roles. In so doing they may either create independent roles for themselves or find a place in the growing sub-culture of the aging, as the aged are increasingly segregated by the younger portions of society into an age-homogeneous group. The characteristics of this emerging subculture are: (1) positive affinity based on friendship, common background and interest, and common problems and concerns; and (2) exclusion from interaction with other groups in the society. The subculture of the aged tends to cut across other subcultures based on type of work, religion, and sex, and to a significant degree across those based on ethnic factors. It has a status which is different from the rest of society because sources of income are radically different, and there is an increasing tendency of this group to see itself as handicapped, dependent, declining, and pushed aside. There is increasing self-consciousness as more and more special organizations and services are developed specifically for the aged. As group consciousness increases, there is an associated tendency toward increased awareness of the problems of aging, and an increase in demands, resentments, and pride associated with aging.[19] One factor

which gives considerable impetus to the development of subculture of the aging is the failure of many older persons to maintain sufficient role flexibility, and thus they find it easier to adapt to roles defined by the subculture than to create independent roles for themselves.

Considerable attention has been given in recent years to the theory that the greatest mutual satisfaction to both society and its older members is likely to arise from a process of disengagement. Advocates of this theory hold that as one ages there should be a continual process of becoming less and less bound to the social system to which one belongs. This disengagement will occur in terms of the number of people with whom one interacts and in the style of the interaction, together with changes in the personality away from the need for interaction with others and toward increased involvement with the self. Proponents of this concept hold that it makes more sense than the "implicit" theory of aging which generally assumes that an individual's life must continue to expand if aging is to be successful. This more common theory is held to be out of touch with the facts of human development because it attempts to place the blame for the difficulties of aging on society rather than on the failure of the individual to limit his social participation in concert with the increasing limitations which physical senescence suggests to be appropriate.[20]

The authors of the theory of aging as disengagement hold that mutual agreement about readiness for disengagement between the individual and his society affords the only viable solution to the serious problems which otherwise arise with completion of the primary adult roles of parenting and productive work. They further suggest that only in this manner can the individual adequately prepare for the inevitability of impending death.[21] The claim is made that this theory relates the process of aging

more to indigenous and intrinsic psychological events in the life of the individual than to external and extrinsic social events. If the individual has successfully begun to disengage himself from his society prior to retirement, that event will have a notably lessened impact on his stability. The theory has some merit, but it leaves many questions unanswered. It would effectively deny to society the accumulated wisdom of the older generations, and one is hard put to see how this would fully benefit society. It also ignores the apparent success with which earlier societies provided useful roles for the aged. Furthermore, it tends to confirm society's preoccupation with work as a central value, even though there is mounting evidence of a shift away from work as the central value in contemporary society.

An older person in American society occupies several status positions: spouse, sibling, parent, grandparent, friend, employee, organization member, religious person. Many of these roles, and therefore many of the problems of aging, are associated with the family. Besides one's occupation, the family is the chief source of role, status, and identity in our society. Many of the problems derive from the shifting nature of the family as an institution. Most persons now retired or approaching retirement were reared when the kinship system of the extended family was strong. In preindustrial societies the aged cared for the young while the able-bodied worked, and rank and authority were determined by the kinship system. In a sense, the extended kinship systems of the typical three- and four-generation families which were typical of pre-industrial societies in other parts of the world never fully developed in the New World. Geographic mobility has been a characteristic of American society from its inception. There is reason to believe that a greater proportion of older adults live in the same household with their adult

children today than in any earlier period of our national history. In 1952, 2.6 percent of the total population were both over age 65 and living in the same household with their children. This is about a third of the over-65 age group. In 1850, those over age 65 as a whole constituted only 2.9 percent of the total population.[22]

The usual pattern in a stable society with low mobility and a well-developed kinship system is that the older generation serves the younger until it matures, and then the younger repays this with care of the aged. But in a highly mobile society the younger generation moves away at maturity and repayment may become minimal or non-existent. Parenthood then acquires a sacrificial quality. Despite this tendency, the kinship system has survived to a degree and while its duties are not mandatory, the tendency remains strong to look first to one's kin when need arises.

The functions of the family are procreation, socialization, maintenance, placement, and affection. The role of the older generation in socialization is small in the present age, since such three-generation households as now exist are formed primarily around the needs of the older members for housing or economic assistance. Their resulting dependency does not afford the opportunity to be responsible for socialization of the young. The tendency is reinforced by the fact that the economy of the family has shifted from production to consumption, and the aged members of the household are seen as economically useless and as a threat to levels of consumption because of declining income. Status is now rarely determined by the family, since occupation has shifted away from the family, and career mobility is now the key to status. The affectional function may have improved, however, because of the increased emphasis today on companionship between parents and children, although this is probably moderated

as increasing social change widens the "generation gap." As the family has lost its primary economic role of production, it has lost with it the right to assign roles and status, with the result that much of the power of the older generation is gone, and with it the sense of obligation to one's elders. Since there is little evidence that the three-generation extended-kinship family ever existed widely in the United States, and since there is also no evidence that urban, industrial society is providing proportionately fewer roles for the aged in multi-generation families, we must assume that the significant functional changes in the family position of the aged have been those which have limited the duration of their major adult role functions as parent and producer of income.

Our concern with the family, then, needs to be focused more sharply on the area of internal relations in the two-generation conjugal family; that is, on relations between husband and wife, and between parents and their children. One survey of older persons found that despite a positive attitude toward aging itself, most of those interviewed felt that their status within the family was worsening and that there was an increase in callousness and indifference toward the aged. They felt often that they had little choice but to look to the government for the survival needs which ought to have been met within the family.

A positive relationship between aging parents and their children seems to depend to a significant degree on the independence of the parents, since our society does not seem able to contain a system whereby aging parents are cared for by their children. Under our mores the parents must remain strong and independent. Conflicts are apt to arise, therefore, when the parents' resources of income or strength fail and a situation of dependency occurs. There is a reverse side as well, since parents are inclined to expect their children to remain economically independent

also. Rather than the mutual dependency which may be seen in other societies, we seem to require mutual independence and strict avoidance of any actions which might limit the freedom of either parents or children even when such independence may be harmful to their well-being.

This situation most often begins when the children are in adolescence. As the parents enter later middle-age and the children now become adults in their own right, new relations must be established between children who are no longer children and parents who no longer practice the active role of parenthood. During this period the family is enlarged by sons- and daughters-in-law and later by grandchildren. This development is concurrent with or rapidly followed by the period known as the empty nest, when all the children are gone from the parental home and have established their own conjugal families, and the generation gap widens still further. In this same period retirement looms on the horizon and the death or chronic illness of one spouse becomes an increased likelihood. Then comes retirement, and now the husband and wife find that they have a great deal of time together in which to do what they have always wanted to do—or to fight. They may establish a mutual dependency which is so strong that it becomes debilitating, especially when one partner dies. During this period, the mutual rediscovery and self-discovery which should have begun in middle age must now come to flower, and a relationship akin to close friendship must be established with the children who have left the nest.

The impact of retirement probably affects the wife somewhat before the husband, since in her case it begins with the end of active engagement in the parental role. Many women spend nearly half of their lives in not carrying out their primary role as females. Before the husband reaches retirement from his occupation the wife may have

had considerable experience in finding ways to compensate for the absence of her primary role.

The major functional changes in the family in our society, then, have to do with the role of *parent*, rather than, as we might suspect, with the role of grandparent. They have to do with the passing forward of the parental role to succeeding generations, and with the changes which occur within the parental role as the years go by. The role of parent is now completed earlier in life, even though the total life-span is longer. In 1890 the average male parent was 59 when his last child married, and today he is 50 when that event occurs. The wife's age has changed similarly, from 55 in 1890 to 47 in 1950, at the marriage of the last child. In 1890, the death of one spouse occurred, on the average, two years before completion of the parental role, while in 1950 this event occurred an average of fourteen years after the end of the child-rearing period. In 1890 the average male survived seven years, and the average female twelve years, beyond the end of the child-rearing period. In 1950 the average male survived twenty-one years, and his wife thirty years, beyond the parenting period. It is difficult to grasp the scope of this change. The older couple today will spend two-thirds as much time in the period after completion of child rearing as they did in child rearing. The change is even more radical with regard to individuals. The male parent will spend as much time in this post-parental period, and the female parent one-third more time, than was spent in the parental period.[23]

It thus becomes easily apparent that a major source of intrafamily problems stems not from the abandonment of grandparent roles but from the fact that our society has never successfully developed appropriate roles for grandparents in a rapidly expanding and changing industrial and technological society, and from the additional fact that the same society now has ever-increasing numbers of

persons living for two and three decades beyond the effective end of the parental role, but having no well-defined role within the family and kinship system. The status of grandparent in our society is essentially an inactive role. If the gulf between parents and their children is wide, that between grandparents and grandchildren is likely to be wider still. We have never succeeded in deciding what to do with grandparents, and there are more of them all the time. And many of these grandparents are forced, for economic or health reasons, to live with their children or grandchildren with nothing to define how this *new* three-generation situation is supposed to work within the home.

This dilemma is further complicated by the fact that little real work is done in the home any more. The major productive work in our society is done outside the home, and nearly all the chores once essential to the well-being of the family have disappeared or are done by machinery. Likewise, nearly all educational and religious responsibilities are now carried by institutions other than the family. The result is that many of the roles once played by various members of the family no longer exist for any of them, and the greatest loss has been to the older adults who may be living in the home or nearby. About all that remains in many cases are affectional ties, though these may be strong and healthy. There is evidence, however, that despite ever-increasing opportunities for the younger generation to move considerable distances from the parental home, improvements in transportation and communication may actually be contributing to closer relationship between the generations. The younger generation in our nation has always been inclined to move away from home in search of fame and fortune, but before the development of railroad and telephone this removal customarily resulted in almost complete isolation of parents

and their grown children. Today phone calls are easy and frequent, and so are trips to visit by train or plane.

The main source of difficulty between the generations seems to arise not from isolation or lack of communication but from the reversal of roles as the parents assume the dependency once held by the children, who must in turn now assume a kind of parental relationship toward their own parents. This problem may arise whether the generations share the same home or not. Successful relations between the generations require a high degree of correlation between role expectations and role performance; the reversal of accustomed roles disrupts this seriously.

The strongest primary relationships are those which derive from one's own marriage. Ties between parents and their children are thus stronger than those between siblings. The most successful adjustments to aging occur when the older generation is able to accept socio-cultural changes and to seek to maintain conjugal relationships in terms of current rather than past models. Thus family roles for the older generations must be based in the real needs and situations of present society, rather than in real or imagined models of an earlier period. There is nothing to be gained, therefore, from holding up a legendary three-generation family, whether or not it ever existed, a family in which grandparents were dominant, as a model for today. Even had it existed, and even had it worked well, there is no assurance that it could be an appropriate model for our age.

The extended post-parental periods in the lives of most older people today make even more demanding the redefinition of the relationship between husband and wife. Mutual understanding of their respective roles is necessary if retirement is not to be a disastrous experience for both partners.

Widowhood presents many problems for older people.

In 1950, while only 18 percent of men aged 65 to 74 and 36 percent of those over 75 were widowed or divorced, 46 percent of women aged 65 to 74, and 73 percent of those over 75, were in this category.[24] There is a sense in which widowhood is to a woman what retirement is to a man. It represents the loss of the primary sexual attachment and of sexuality. It also means the loss of a good deal of social identity, since wives tend to achieve much of their identity from the husband's occupation. And it means the radical shift from the mutual dependency of marriage to the company of a group of unattached women.

In addition to the primary attachments and status positions associated with the family, individuals have many secondary relationships and these are also affected by aging. Social participation tends to follow a bell-shaped curve, with participation increasing through middle age and then beginning to decline. Church attendance may increase slightly in middle age and does not begin to drop off appreciably until perhaps the end of the sixth decade of life. Membership in all types of groups, considered together, reaches a peak between 30 and 45, and then declines slowly, with the decline becoming more rapid after age 60. The number of attachments a person tends to form is closely correlated with his age, education, social status, and place of residence. Thus a radical change in location or type of residence may seriously alter social participation. The degree of involvement in organizations tends to decline more sharply with age than does the number of memberships or the attendance at meetings. The strength of secondary attachments tends to be correlated positively with the strength of primary work and family relationships and will usually decline sharply if these are seriously interrupted. The primary functions of secondary relationships are personal adjustments and social integration, although both functions are also ful-

filled to a high degree by primary attachments. Thus, if the older person finds that primary associations are failing to a significant degree to fulfill these important functions, he is more likely to withdraw from secondary associations rather than to increase involvement in them—as though he is avoiding the possibility of failure in this area as well. This factor raises serious questions about the function of special organizations for the elderly. Many of them seem to fail to provide for adjustment and identification even though this is their stated aim. This failure appears to be confirmed by the failure of older persons to avail themselves of the opportunity to belong to such groups. Nationally, only some 15 percent of persons over age 65 belong to such groups.[25]

While it is possible for an older person to find satisfactory fulfillment of his social needs through a relatively small number of secondary associations, most people do not succeed well at this task in later adult life. Their potential for close relationships tends to go to waste, they become increasingly alienated from family and close friends, and allow their memberships in churches and other groups to become nominal. A recent work in this field defines five degrees of social extension or participation:

1. Takes active part in business, cultural, charitable, religious, or political affairs;
2. Attends social functions or visits friends and/or relatives outside his own household;
3. Is visited by friends and/or relatives living outside his own household;
4. Social activity with other household members;
5. Less than the above, or no social contact.[26]

The authors, in interviewing and studying a group of the elderly in San Francisco, found that over a two-year period there was no decrease in social participation among the mentally and physically healthy. However, among those

who had received mental treatment in the past, or were partially physically disabled, about one-third were socially secluded or inactive. Those who had been psychiatric in-patients had almost no social participation after extended hospitalization.[27]

The number of friends and neighbors one has is an excellent indicator of social participation. One study found that older women tend to have more friends than men. Only half of the women studied, but more than three-fourths of the men, had the minimum of two or fewer friends. As aging advances there is a tendency to fail to replace lost friends with new ones. Loss of energy and mobility appears to be the primary cause, although sensitivity to economic decline may be important also.[28] Thus, as persons age their leisure time increases, but their social participation tends to decrease. This trend appears both to influence and to be influenced by physical and mental health, since these are dependent at any age on physical and mental activity, and since individuals find their highest fulfillment in activities which are creative as well as social. The extent to which individuals engage in social participation tends to remain essentially the same throughout life, and the characteristics of high participation are the same at all adult levels. It is not aging, but changes in residence, employment, and family structure, that influence reductions in social involvement. We may not, however, simply equate social isolation with residential isolation, that is, with living alone. It is, rather, a compound of a variety of factors related to socio-economic status and ethnic identifications, as well as to primary relationships.

Many aged persons are subjected to a high degree of depersonalization. This occurs primarily when circum-stances force them to take up residence in large private or public institutions for the aged. "In our culture poor

and aged persons who are unable to take care of themselves have lost the right to personality. From a functional point of view, the institutions to which they are relegated may be looked upon as institutions for depersonalization." Depersonalization is here defined as "the process of depriving an individual of the factors that attach him to the social system. . . ." Such institutions appear to follow almost a systematic approach to depersonalization. Jules Henry, in studying a large public and a large and inexpensive private institution for the chronically-ill aged, found that patients were: (1) deprived of the symbols related to socialization, particularly the use of their names, which were replaced by such expressions as "Honey" and "Dearie"; (2) deprived of personal possessions and subjected to a poor material environment; (3) subjected to extinction or violation of the functions of shame and disgust; (4) subjected to routinization and loss of individuality; (5) afforded no protection against pilfering and other injustices; (6) subjected to inconsistency and distortion of the human environment; and (7) the victims of staff-centeredness, which considered convenience to the staff of greater importance than the needs of the patient.[29] The results of such treatment are the mutual hostility, apathy, and loss of social capacities which can be observed in many such institutions.

A similarly depressing fate awaits many older persons who manage to escape institutionalization. In Chicago, a study of persons receiving old-age assistance revealed that one out of four lived alone, without any appreciable contact with either friends or family. They lived often in a small hotel room or in a family home now largely unsuited to their needs, and lacked virtually all the comforts of life. Many were completely without care, simply awaiting death.[30]

In summary, a person's social status is composed of: (1)

role and function, what he does; (2) status, how important he is; and (3) power, how much influence he has over others. A social position which is ill-defined, or one which creates ambiguities, places the individual under increased stress. This normally results in a greater degree of frustration and anxiety. It is this frustration and anxiety which attends the anomalous position of the aged person in American society and that, in turn, tends to make him withdraw from social participation. This may be compounded by ill health, reduced energy, and inadequate income, but the social factors are the most telling. They are also those about which the least is being done. Many of the solutions available at present for the problems of the aged are really necessary only for a small portion of the total aged population. And some of these solutions may in fact tend to increase rather than solve the problems of social rejection and isolation. This fact will become clearer in the next chapter.

iii.   the needs of the aging

HAVING CONSIDERED AT LENGTH the characteristic situations
faced by the aging members of our society, we turn now
to the attempt to understand their needs. Again we en-
counter numerous fallacies which may be true for some
individuals but remain far from true for the aged as a
total group. It is believed that they must be considered a
separate group in society. If this notion persists, we shall,
as noted earlier, have to contend with them as a separate
group in fact, and one which by its very size will represent
considerable power. Again it is believed that they should
live with others of their own age, or that they want to live
with their children, or that they love to travel, or that they
want nothing more than to go on working, even though
most of them are supposed to be sick and incapacitated,
and that they want to live in institutions for the aged. They
are held to represent a potential danger to society, since
they are believed to be a pushover for any sharp salesman

or any crafty demagogue, yet it is believed at the same time that one must do things for them or to them in order to get anything accomplished.

Many of the needs of the aging do not differ in kind, though perhaps in degree, from the basic needs of all persons. Older people have the same needs for security, response from others, recognition, and adventure which we all possess. All these must be satisfied in some measure, and failure to meet one need cannot be compensated by larger success with others.

The two basic needs of all humans are survival and self-esteem. The elderly, like other people, need to try to stay alive as long as life holds any promise, and to maintain their self-respect against whatever threatens it. At the present time their survival and self-esteem seem to be closely linked with independence, self-reliance, and autonomy. In many cases, however, elderly persons cannot survive without some measure of outside help. Sickness, economic troubles, psychological stress, physical decline, all the factors which characterize growing old, also increase the need for assistance.

There are other kinds of needs as well. Maslow sets forth a hierarchy of needs, each of which must be largely accomplished before the next can be faced: physiological needs for continued existence, safety from external dangers, love, self-respect, self-realization. A well-ordered society is one in which the lower needs are so well met that people have adequate time to deal with the higher.[1]

Another writer lists the basic needs as affection, personal security, and personal significance. These, he says, are met in accommodation to the basic human condition of life, interdependence, through the balancing of experiences of leadership and loyalty, domination and submission. Maturity is thus "the attainment of an advanced stage of competence in social roles well suited to satisfy such needs

in varied ways, and to behave toward others in ways that satisfy their emotional needs."[2]

If we place these various lists alongside some of the understandings of human development listed in the previous chapter under the psychological characteristics of aging, it becomes increasingly clear that self-realization is a primary focus of need for adults, and is the key to other needs for recognition, affection, and social approval, especially for older adults who may be deprived of other ways of meeting these latter needs. But self-realization will mean something different for each person. For one, it may only be satisfaction of bodily appetites, or the desire to have a good time. For another, it will be expressed in highly ingenious or artistic ways, or in deep personal relationships. Thus, independence and self-reliance must be seen as the key components of successful aging. In other words, when a person is sure of his own value, he is free to share that value with his society, and at the same time he becomes less dependent upon society for reassurance about his value. We cannot underestimate the importance of independence and self-reliance for today's older citizens, products as they are of the work ethic and the economy of scarcity. Many will rather die than become a burden to family or friends. The issue is not financial aid, but autonomy. Money will be accepted if one can avoid the stigma of "charity" and can retain some freedom of movement and choice.

Clark Tibbits lists five basic human needs: relatedness, creativity, security, individuality, and orientation. To these he adds some special needs of older adults: understanding, recognition of middle-aged drives and potentials, maintenance of health and energy, income security, education for living, and opportunity for expression and participation.[3] A survey of some seventy-one cultures or people resulted in the identification of five primary interests of aging

persons, which are worth noting at some length because of their universality:

1. To live as long as possible, or at least until life's satisfactions no longer compensate for its privations, or until the advantages of death seem to outweigh the burdens of life. With few exceptions, life is, indeed, still precious to the old.

2. To get more rest, or better stated, to get some release from the necessity of wearisome exertion at humdrum tasks and to have protection from too great exposure to physical hazards— opportunities, in short, to safeguard and preserve the waning physical energies. Old people have to hoard their diminished resources.

3. To safeguard or even strengthen any prerogatives acquired in mid-life such as skills, possessions, rights, authority, and prestige. The aged want to hold on to whatever they have. Thus seniority rights are zealously guarded.

4. To remain active participants in the affairs of life in either operational or supervisory roles, any sharing in group interests being preferred to idleness and indifference. "Something to do and nothing to be done" is perhaps the main idea.

5. Finally, to withdraw from life when necessity requires it, as timely, honorably, and comfortably as possible and with maximal prospects for an attractive hereafter.[4]

In other words, man's desires as he grows older seem to be to live as long and as comfortably as he can, yet without giving up either that which he has acquired or his place in society, and finally, to make his exit gracefully.

Few attain such goals. As people grow older, they tend to grow more and more out of touch with what is going on around them, and there develops a steadily widening gap between how they see themselves and how others see them. They continue in one way or another to try to perform roles that are no longer wanted or needed in society, or have been given to others now better able to play them. All that remains for many of the aging in our society is the role of social liability. Society offers security, but not self-esteem.

The problem confronting the aging individual is adaptation to his new status. In all cultures, the standards for behavior in each stage of transition are defined by the new position into which the individual is moving. But if that new position is not well defined, as we have seen to be the case with old age in America today, then the individual in transition is confronted with ambiguities and contradictions. Normal adaptation involves adopting and conforming to new values, and these criteria are largely external to the changing individual in a society which is also in a state of rapid change. In the best circumstances of moderate social change, the individual is confronted with the need to work out a compromise between the criteria set by society and those which he cherishes as an individual. But the aged person today has the added problem of needing to work out a second compromise between conflicting standards of behavior in a rapidly changing society.

The aging individual may be able to retain a sense of self-worth, if he can meet some or all of the needs of older persons identified by the Institute of Gerontology of the State University of Iowa: to render some socially useful service, to be considered a part of the community, to occupy his increased leisure time in satisfying ways, to enjoy normal companionships, to retain recognition as an individual, to find opportunity for self-expression and a sense of achievement, to obtain health protection and care, to find suitable mental stimulation, to maintain suitable living arrangement and family relationships, and to find spiritual satisfaction.[5] Successful aging requires the retention of a continuity of selfhood, an ability to enjoy the world and oneself, continuous adjustment (both relinquishing and acquiring), an adequate concept of time, and certainty of one's worth.

Elsie Culver adds a more consciously theological dimen-

sion to the understanding of human needs as they relate to the aging. She writes that the aged need to:

> . . . see themselves as children of God and, by God's will, the age they are. They will learn to see themselves and their generation in Christian perspective, and also in the perspective of history, which includes our present-day atomic-powered upheavals and adjustments. They will honestly evaluate themselves, their assets, and their inadequacies for coping with some of today's problems. They will assess their social obligations, try to stamp out prejudice in their own lives, and decide whether their pet dogmas are theological treasure or excess baggage on the road to salvation. They will not seek special privileges on account of their age, but will hope, instead, out of long experience, to be able to render special service to God and their fellow men. Whoever can help his fellow "oldsters" along this road, will be a great boon to our senior adults, the church, and the community.[6]

These are worthy ambitions for the aged, but few older persons find themselves able to attain such goals on their own. They require guidance and assistance, often in highly personalized ways. Our society is increasingly geared to standardization, even in solutions to human problems. Special attention to special cases is time-consuming and expensive, and an anathema to the American mind. It is *inefficient!* So, instead, we centralize and institutionalize. We chrome-plate and cover with plastic. When we are finished, no vestige of personality or of self-determination remains. But many of the aged will not abandon their autonomy for such help, however desperately needed. They will hide behind drawn curtains instead, lest others see their helplessness. As a result, they will not eat enough or properly, they will not get needed medical help, they will shiver in filth and squalor. But they will retain their pride to the very last gasp. Others seem better able to make the transition even though distasteful. For them, survival is more important than self-determination. If both basic needs, survival and self-esteem, cannot be met, some

will choose one, some the other. And it is difficult to say
which is the more important. Somehow a society seems
to be in serious difficulty when so many of its citizens are
unable to meet these two basic needs of human beings,
and must sacrifice one to keep the other.

While the basic needs of all humans, aging or otherwise,
are essentially the same, the particular and immediate
needs of individuals vary widely from person to person.
A more detailed consideration of the needs of the aging
requires some categories of need and care. Two decades
ago, Maves and Cedarleaf suggested a fourfold classifi-
cation: "(1) those capable of self-care, (2) those needing
some supervisory or attendant care, (3) those needing
medical and nursing care, and (4) those needing custodial
care."[7] Today, however, some of those in groups 2 and 3
will require institutional care, while others in these groups
may be adequately cared for in their own homes.

A more recent typology, better adapted to the present
scene, suggests planning and care for three groups:

1. for those 60 and over whose major limitations, imposed on
   them by society, prevent them from being just as self-sufficient
   as any other adults in the population;
2. for those 60 and over who have been limited similarly, but
   who have begun to accept exclusion as "natural" and to limit
   their own activities to conform with this "reality"; and
3. for those 60 and over with "real" limitations—i.e. those
   imposed by social, physical, emotional or psychological handi-
   caps, which may or may not have resulted from the natural
   aging process.[8]

These groups are said to require, in turn, *preventive,
maintenance,* and *protective and supportive* planning and
care. For two reasons we shall deal with them in reverse
order. First, the group needing protective and supportive
care is the smallest, less than five percent of the aged, and
their needs are receiving the greatest amount of attention

from federal, state, and local governments, and from private organizations. The group needing maintenance care is larger, and its needs are also being met, though not to the same extent. There is, however, considerable public attention directed toward this group as well. The largest share of our attention will be directed to that group which requires preventive care, and which, though the largest of the three groups, receives virtually no attention, primarily because it is not visible as a group at all, and indeed is not a group. Nothing much is being done about their needs beyond occasionally calling some attention to them.

A second reason for the structuring of this chapter has to do with the degree to which the local church is able to relate to the needs of these various groups, and may have special resources to bring to bear upon them. This will become even more apparent in the fourth and fifth chapters of the book.

Protective and Supportive Care

As indicated above, the number of aging persons who fall into this category is small, compared to the total number of elderly Americans. Protective and supportive care are here understood to be that needed by what might be termed the "helpless aged." These are older persons who, for a variety of reasons, cannot remain in their own homes and must have full-time care in some sort of institution. This care is essentially of a "custodial" nature. In some cases, like seriously ill mental patients, they must be protected from themselves, or society protected from them. More often, however, these are simply those who are in quite poor health, unable to care for themselves and unable to obtain adequate care in their homes, so that institutional care is the only means to assure their safety and survival.

This problem did not become sizable until recent years. Now, however, "we are so successful in keeping very old people alive that we do not know what to do with them . . . . More and more of life with less and less in it is not a happy prospect. . . . Death is really the only ultimate solution. Whether life can be good to the last drop or not really depends on when and how we drop."[9]

Let us be clear also that not all the aged who are ill belong in this category, even though they may presently be in hospitals. In 1955 those over age 65 constituted one-twelfth of the total population, but occupied *one-fifth* of the hospital beds.[10] Many of the elderly who are ill are, like the rest of us at times, temporarily ill, even though their recovery is likely to take longer. The persons with whom we are here concerned are those who are chronically ill or permanently handicapped to such a degree that recovery and return to normal society is generally not expected. The problem is complicated by the fact that many who are more or less permanent residents of hospitals, rest homes, and nursing homes remain there for socio-economic or psychological reasons, rather than because the state of their health requires it. Indications are that this is far too often the case. On the other hand, there are those who really require such care but cannot obtain it for a variety of reasons, most often economic. We may reasonably assume that the numbers needing but not receiving care approximately equal those receiving but not needing it. If such is the case, then only three to five percent of the population over age 65 probably need such care. Many other medical and health problems can be adequately dealt with in the individual's home, through outpatient services, or through short-term hospitalization in general hospitals.

It seems sufficient at this point simply to indicate that there is considerable public awareness of the needs of this

group for permanent institutional care, and that present and projected programs, both public and private, will make a significant attempt to deal with the need. In addition, the needs of this group lie beyond the ability of nearly all local churches as a viable option for ministry. The financial aspects related to permanent custodial care render it amenable generally only to large-scale solutions.

Maintenance Care

We turn next to that group whose needs are primarily social but in part physical and medical and who, with temporary exceptions, do not essentially require permanent residence in some type of institution—although, if adequate steps are not taken to meet their needs, they may eventually require such care.

The great majority of the elderly are best served if they can be helped to remain in their own homes and in the community of which they are and have been a part. They are most in need of: (1) knowledge, and a source of such knowledge, on social and economic matters relevant to their problems and needs; (2) assurance that medical and nursing care are available when required; and (3) a place to get help with personal problems. They need assistance in keeping open the channels of communication with everyday events and with other groups in society, and they need assistance with the kinds of difficulties described in the previous chapter. This group suffers from a lack of adequate knowledge about its own individual and corporate strengths. Many will therefore engage in attention-getting behavior as a substitute for the satisfaction of real needs. They do have diet problems, problems with hearing and vision, and difficulties which are related to cultural or educational background. All too often they have been overly protected by well-meaning offspring.

Income and health are their most basic problems, but social participation often presents sizable difficulties as well. In part, their problems are of lifelong origin and have merely been intensified by age and by retirement. In many respects they do not want the church or any other institution or agency to make a special fuss over them. They could use occasional transportation, and probably would profit from a slight increase in pastoral attention, especially if they are shut-ins. But they do not want to be a burden so much as to be active and independent and to feel useful and appreciated. Much of the solution, of course, lies in their own hands, since greater cooperation on their part is required lest much of the energy expended in their behalf fail of its purpose. "Older persons will not achieve satisfaction in their lives if they are but passive objects of the benevolence of experts and specialists."[11]

The advantage of remaining in their own homes derives not only from what the homes themselves represent, but from what the surrounding community has to offer. Individuals need both familiarity and variety, but transplanting them to special institutions and residential communities, just because it appears to make it easier to deal with their more obvious needs, more often results in the creation of new and more difficult problems. If they are to remain in their homes, it is, of course, necessary that their housing be suitable to their present health, that is, free from hazards, and relatively easy to maintain. And, so far as may be possible, it ought to be somewhat adaptable to the needs of possible illness, recovery, and convalescence, which often requires use of a wheelchair.

Beyond matters of housing, it falls in large measure to the community to seek to bridge the gap between total self-care and the facilities of the nursing home. This function may require considerable organization of available community resources. The aim must be to help individuals

to maintain optimum health and to maintain themselves with reasonable independence in their own homes.

A significant need of this group is adequate nutrition. Older persons find it very tempting, especially when living alone, to eat meals which are easy to prepare, whether or not they are adequate, or simply to forego eating altogether whenever food preparation is too difficult. Many also lack basic knowledge about nutrition requirements.

Health problems also present a significant concern. Chronic disease is a larger problem for the aged, as indicated earlier. Much of it could be prevented through immunization, sanitation, control of communicable disease, and so forth. More important still is the halting of disease before it becomes severe and chronic. This task requires periodic examination, accident prevention, exercise, and often economic assistance. An urgent need for this group is the ready availability of facilities for health consultation and physical examination, as well as counsel on where to obtain needed medical service. "Well Baby" clinics are now common in many communities, as are also community immunization programs. It seems feasible that "Well Oldster" clinics could be operated on a similar pattern. Many aging persons experience considerable fear and anxiety in association with their health. Because they don't know whether they need medical attention, they hesitate to spend scarce money on what may be an unnecessary trip to the doctor. The solution to their need lies in the accessibility of medical advice and minimum checkups without economic burden. A clinic which made these services available would offer the same advantages to the community as the "Well Baby" clinics.

Still another area of need is often labeled "recreational," although "social" may be a better designation. The aging, like all persons, need affection, a sense of belonging, and something to do. Many of the programs available through

day centers and "Golden Age" clubs tend to center on crafts and hobbies. But there are other needs, such as transportation, escort services, intellectual activities, civic involvement, and the like, which are also important. Voluntary associations can meet many of these needs, especially those which are not limited in membership and concern to the aged as *aged*. There are intimate social groups which provide primarily sociability and companionship, associations which serve one or more interests of the members, and institutions which serve the general community. Many such groups do nothing more than enable the individual to be with others like himself, to feel some sense of belonging, to pass the time enjoyably, and perhaps to promote some common purpose. In general, individuals do not remain members of such groups for long periods of time. The reasons they give for dropping out tend to be physical—inconvenience, weather, cost, deafness, and so forth. There is good reason, however, to believe that motivation, or rather its lack, is the primary reason. Membership in social groups generally offers belonging, sociability, activity, and routine. It is questionable whether these are enough. The facts on participation and attrition of membership suggest that they are not.

Another attempt to meet the needs of this group is found in the community center program. All too often such centers are merely "adult playpens" with an overemphasis on fun, and they are needed only because the elderly have already been segregated from the rest of society. If they are to serve a valuable purpose, they must provide creative recreation, educational, and informational opportunities. A day center could be the focal point of information for the community and the aged on all aspects of aging. It could maintain special services such as a central listing of available housing for seniors; educational workshops on employment, health, and welfare; liaison with other agencies also

concerned with the aging; and direct services to the aging such as "meals-on-wheels." The program of the day center could be oriented to the real needs of the aged, and could provide the means whereby members could give service to the community as well as receive it. The elderly themselves need to be involved in planning, and decisions must be made about which of the aged, how many, and of what age, are to be served, how the community is to be educated about needs and opportunities, what leadership and facilities would be needed, and above all, what the program is supposed to do for the members. Such a program must be individualized enough to meet each member's need, both preventive and rehabilitative, must capitalize on each member's background, and must provide adequately for the creative growth of both members and leaders.

In addition to programs which are designed to bring persons into a center, there is need with this group for programs which *reach out*, especially to those unable to come in. There needs to be an "organized effort to bring human warmth to those isolated by age or infirmity."[12] This effort will seek to provide such services as: (1) reassurance service, a daily phone call simply to say "Hello" and find out if anything is needed, and to initiate emergency procedures if anything is amiss; (2) shopping services for those who are unable to go out and get what they need from stores; (3) meals-on-wheels, which provides a hot meal once a day to shut-ins; (4) friendly visiting, a minimal form of trained and supervised casework by trained volunteers; and (5) home and personal aide services, which provide housekeeping or personal care, usually in return for a modest fee.

In Houston, a Senior Citizens Service Corps has been proposed which would provide employment for active seniors and render service to those needing homemaker service. It would be open to persons over 55, who would

then be trained in meeting the needs of the aged, including personal relations, methods of reassurance, personal and home care techniques, and liaison with other family members. Suggested wages are $1.00 per hour or $35.00 per week plus room and board. The services are to be paid for by the recipients.[13]

Other services which meet special needs are: (1) The foster home program, which operates very much like foster homes for children, providing living accommodations, meals, laundry, and someone available at night when emergencies arise. (2) The Adopt-a-Grandparent Plan, such as that of B'nai B'rith Young Adults, which makes arrangements for regular companionship for institutionalized older persons. (3) Sheltered workshops, such as those operated by Salvation Army and Goodwill Industries, which provide employment and companionship for elderly persons as well as for the handicapped and socially disadvantaged.

There are often many opportunities to engage in volunteer work which, in addition to being useful to the organization for which it is done, helps provide a sense of usefulness, and offers a major solution to the problem of excess leisure time. Unfortunately, much volunteer work fails the test of social usefulness, which in turn renders it of questionable value in meeting the social needs of older persons.

Such programs must be organized locally in order to reach persons in need of them and to maintain important existing community structures and independence. Every community ought to have a central registry through which older persons can find and be offered employment suited to their abilities and energies. Many of the needs of this group and the programs which afford workable solutions to them lie within the ability of the local church, which also has available many resources well suited to such programs.

Preventive Care

The focus of preventive care can be set forth easily and simply:

> A secret of success for most people facing old age is to find for themselves places in society in which they can age with participation and fulfillment and to keep on participating tactfully and strategically up to as near the end as possible. *Aging must be gamy to the end to be very good.* [Italics ours.][14]

The concern here, then, is with persons who, except for a degree of social isolation or segregation, would be fully as active, socially and economically, as any other adults. Our concern is also with those who have yet to reach retirement age, but are near enough to it that they need to begin seriously to prepare for it. In a lesser sense, we are also concerned with all the persons in our society who do not fall into the previous two categories, and even with some who do.

Those who fall into the group requiring preventive care are the ones for whom survival is not a pressing problem. They can therefore spend the greater portion of their energies in the maintenance of self-esteem as the aging process makes that central task more difficult. It may help, therefore, to expand somewhat our previous discussions of self-esteem. Interviews with the aging indicate that self-esteem is a compound of independence, social acceptability, sufficient personal and economic resources, the ability to deal effectively with both changes in the self and external changes and dangers, and goals for later life which possess adequate meaning. Independence, or perhaps better, autonomy, is the ability to care for one's own daily needs without becoming a burden to others. So stated, this is an important need of older adults, and differs from more generally accepted definitions of independence, which

often connote some of the more negative aspects of the
temperament of aging persons, such as irascibility, stub-
bornness, and inability to change with the times. Autonomy
is a key factor in the maintenance of self-esteem.

Other elements of self-esteem which are significant for
our concerns include the ability to handle threats and
changes which are external to the person. Aging includes
many components, as we have seen, which can defeat many
persons. Therefore a significant aspect of preventive care
must be to learn how to change with the times, how to roll
with the punches, how to remain sufficiently flexible to
adapt successfully. Closely associated with this need is the
ability to deal with changes within the person. Some see
themselves as still the same today as they were in the past,
while others may report that they sense a kind of evolve-
ment toward a better selfhood than in earlier years. On the
other hand, some seem to feel that they are now less than
they were, and still others have difficulty achieving any
perception at all of their present selves and thus find their
existence entirely in the past. Here we may define the
essential need as the ability to keep up with the changes in
the person in order to maintain a life-style which is ap-
propriate to one's present abilities and limitations.

Obviously, then, an important component of self-esteem
is the ability to maintain or to adopt meaningful goals for
later maturity. For many this involves a quieter life-style,
with greater self-control and lessened compulsion to pro-
duce and compete, and with increased pleasure in the
success and accomplishments of others. The names by
which this new life-style is identified vary widely, but in-
clude such terms as "wisdom, maturity, spirituality,
humanitarianism, peacefulness, or mellowing." There is a
feeling of freedom and release, combined with new ideas
and new interests. There is a high degree of satisfaction
with one's life, past and present.[15]

In thinking about preventive care we need to keep in mind the extent to which the typical older adult approaching retirement is the product of an ethical structure which upholds work as the central life task of human beings. Work, for this individual, has been the focal point of his personal and social identity, and a primary component of his relationships with family and peers. The loss of occupation through retirement, especially through compulsory retirement, is often extremely disturbing because it is sudden, implies dependency and unemployability, and leads to loss of the routine, the self-esteem, and the identity attached to his job. If the parental role has been completed earlier, esteem and identity may be attached entirely to the occupational world in later years. How an individual reacts to retirement depends in large measure on his preparation for it, and on his anticipation and planning for some available substitute activity. It also depends on his economic status and on the quality of his life-style while employed. He may react with anxiety or depression, with irritability, with ideas of persecution, or with apathy, or even illness. The foundations for successful retirement are often laid down many years earlier. Lower-class working men, with their increased exposure to leisure time and opportunity during the working years often look forward to retirement, but there is evidence to suggest that middle-class males with a college education and the experience of an orderly career will probably be better prepared for retirement. Not enough attention has been given to the relationship between the life-style developed in later middle age and the ability to handle the shock of retirement. Similarly, there may be a greater connection between an educational system which lays heavy emphasis on preparation for a life of productive work, and later difficulties with retirement. Education during youth ought to emphasize more the preparation for the whole span of adulthood and ought to lay a sound footing

for continuing education, adjustment, and creativity, throughout the span of adulthood. A start in this direction might be made by greater emphasis on problem-solving techniques and creative discovery processes and by a lessened emphasis on repetition and recall.

In many respects, however, the crucial period for preventive care is the period between the ages of 40 and 60. It is during these years that the changes begin which, if not controlled, will lead to the disabilities of old age. Therefore, it is in this life period that preventive care must begin in earnest. Hiltner recalls Jung's description of the "quiet revolution" which begins during the middle years, and which often remains unacknowledged, yet which can destroy the very flexibility on which one must rely. It also, fortunately, may provoke the taking of thought toward the avoidance of ultimate unproductiveness regardless of external circumstances.[16]

The upheavals of the middle years may be severe. Age-hiring policies may threaten unemployment, the empty nest may provoke a crisis in husband-wife relations, physical slowing down may lead to emotional troubles. In addition, middle-aged persons are inclined to overdo both work and eating and to cut themselves short on needed exercise. They are particularly sensitive to the rising younger generation which now begins for the first time to offer a serious threat to their own security, so they may make a concerted effort to appear younger than their years. The termination of child-rearing in particular seems to produce in many a period of conflict similar to the identity crisis of adolescence. This in itself, however, affords an ideal opportunity to begin a reorganization of life not only to replace the lost parental role, but to anticipate the coming loss of the work role as well.

By this period of the later middle years the mind has normally matured until it has become a precision tool. The

cerebral functions are at their peak, and the brain may now begin to be the sanctuary of later years in the same way that the physical body was of youth. The primary aim of preventive retraining should therefore be to maintain one's proficiency at living. The individual needs to learn how to use his psychological equipment to accept and adapt to the physical limitations and emotional changes now beginning to be imposed by the process of aging, and to discover within himself the resources to continue to live effectively. The alternative is a kind of dry rot that sets in as the individual begins to seek to escape the more pressing demands of life, and which will ultimately leave him socially useless as well as useless to himself. The middle years, with their physical and social changes, thus present a great challenge. There needs now to be a shift in the individual's life away from physical activity and toward mental activity, coupled with a determined and organized effort to maintain and increase mental flexibility. Only thus may he capitalize on the freedom to dispose and control his use of time, a freedom that is present for the first time in any significant degree since early childhood.

It is not that the middle-aged are disinterested in their problems, but rather that society does not yet offer a way by which the energies released by the situational changes of later middle-age may be effectively channeled. In proposing a theology for middle age, Hiltner suggests that the individual needs to learn at this period in life to face the fact of loss in and around himself, to pursue depth rather than breadth of fulfillment, and to seek new vocational responsibilities in meaningful activity. He must learn to value wisdom more than physical strength and attractiveness, to see others as more than sexual objects, to find new friends and new interests to replace those that now begin to be lost with greater frequency, and to create flexibility of mind.

There are major adaptive tasks to be accomplished in later middle-age. These include:

1. Perception of Aging and Definition of Instrumental Limitations.
2. Redefinition of Physical and Social Life Space.
3. Substitution of Alternative Sources of Need-satisfaction.
4. Reassessment of Criteria for Evaluation of the Self.
5. Reintegration of Values and Life Goals.[17]

The individual needs to become aware of the changes taking place in himself, to preserve optimum control over his milieu, to find new interests and activities to replace those no longer possible, to base his identity elsewhere than in work roles, and to find a new place for himself in the world which will permit retention of his self-esteem. In Clark and Anderson's study of San Francisco elderly, over half of those studied were found to be maladapted, and over half of this group had seriously failed to find alternative sources for need-satisfaction. On the other hand, those who had successfully adapted to aging were persons who had found new value systems to replace those associated with the world of work. Successful adaptation appeared to lie more in the direction of functioning as deviant private citizens in a world which had no appropriate place for them, than by active participation in a social subgroup of the aging. The "deviant" role made it possible for them to accomplish much that was of positive value, including functioning as social critics. It also enabled them to remain essentially engaged in society, where participation in an aging subgroup would involve separation from the rest of society. There seems to be greater opportunity for the aging to make a quiet contribution to the improvement of society by individual action and communication than through the power moves of an organized minority group.[18]

Education in middle age needs to be based on the need to know oneself as a person rather than as an instrument, on

achievement of maturity, and on the recognition that the adult mind is different from that of the youth. There needs to be an enlightening of experience, an interpretation of responsibilities, and a substantial deepening of self-understanding.

Learning ability and intellectual power do not decline at middle age, but solidification of earlier attitudes is likely unless challenged. Adults tend to underestimate their ability to learn, and confirmation of success and feedback in learning becomes more important. The President's Committee on Education Beyond the High School identified four conditions which make continuing education essential for all adults:

> Adult education offers a necessary second chance for millions of men and women in our country who have had no opportunity to complete a minimal education.
>
> Adult education provides an opportunity to acquire the many skills and understandings that cannot be learned in childhood.
>
> Adult education can help develop new interests which are basic to self-fulfillment.
>
> In our complex world adults need to learn the skills and develop understandings to cope with new social and economic problems.[19]

It is the latter two factors which relate most closely to the needs of older persons. Education succeeds best in meeting human needs when it prepares individuals for the transitional periods of life. General public education in childhood and youth, however, is related primarily to the transitions from youth to occupational maturity and from young adulthood to family maturity. Education is also needed to assist with four other crucial periods of transition: from family maturity to family emancipation, from occupational maturity to retirement, from active to quiescent retirement, and from quiescent retirement to death. The newly extended periods of life beyond the termination of parenting and employment create a new opportunity for

personal freedom and growth, and for service to society.

The educational needs relating to aging include education of the community about the needs of aging, education of the aging themselves, and education of those who work professionally or as volunteers with the aging. The aging themselves could profit from courses on preparation for retirement, courses in the arts and crafts, job retraining, and courses on how to work with the aging. The opportunities already existing for adult education are broad and varied. Colleges and universities of all types, as well as many public and private agencies, offer an astounding range of educational opportunities. There is little coordination of these efforts, however, and many adults remain totally unaware of the opportunities which are available. Much of that which is available, however, is far from relevant to the needs we have identified. The primary concern in education for aging must be to help people become aware of their preconceptions and assumptions, to examine them critically, and to revise and replace them where indicated. Too much adult education serves instead to perpetuate obsolete beliefs and assumptions because it does not provide opportunity for critical self-evaluation. This criticism appears to be particularly true of the bulk of adult education provided by the churches.

Education for those whose retirement lies somewhat in the future should give attention to improving and increasing the flexibility with which the worker makes use of his job skills in order to help assure continued employment, as well as to assist in development of the kind of personal resources which will enable the worker to begin to make the kind of use of present leisure time which promises the most satisfying use of leisure time after retirement. In other words, education for middle-aged persons must help them to understand what is happening to them, must impart knowledge and skills needed to cope with these changes,

and must allow for the interest and stimulation of learning itself while also providing for richer experience and understanding of the world and of society. One way to clarify the intent of adult education, it seems, is to point out that the education of youth is more often concerned with *education to be something* whereas education for successful aging needs to be *education to be* (a distinction drawn by Henry James the elder, who advised his sons to learn how to *be* before trying to *be something*). In this sense, education for aging is the attempt to accomplish what earlier education failed to accomplish, perhaps could not accomplish.

Yet another important task for preventive education is "preparation for an uncertain future, and thus the abandonment of the notion that individuals simply flow through a stable order."[20] Preventive education for the aging is a basic need which grows out of the increasing pace of change in our society. In a relatively stable primitive society there was little or no need for such. Each generation of the aged served as a model for the next, and since the next generation would live in a world and a society not significantly different from its predecessors, the availability of a few models was sufficient to meet the need—fortunately so, since only a few would survive to old age. But a society experiencing rapid change must develop the means to educate each successive generation for a future which will be radically different from the present and whose outlines may be only dimly perceived. This need to prepare for an uncertain future touches all age-groups in our society, and the aged have perhaps the greatest need since their formal education took place in an era of greater stability and somewhat slower change than is now being experienced.

Education directed at the maintenance of health will carry the added bonus of a reduced need for maintenance and custodial care in the future, and should include emphasis on the importance of prevention and early treat-

ment, on how to use the body without abusing it, and how to prepare for and adapt to the physical changes of aging. Esthetic training will be important as well, for there is a need to learn to see and hear with ever-increasing sensitivity to the subtle differences in shade and tone, harmony and discord, balance, significance, and precision, so that we do not remain clumsy-eyed and -eared, but rather discover how to utilize the vast wealth of visible and audible beauty that surrounds us.

A most difficult aspect of education for aging is that related to the psychological aspects of growing old: how to continue to feel needed and useful, how to retain a place in society and a feeling of being wanted by those around. The focus here is appropriately upon how to prepare oneself to remain useful in those groups to which one belongs, and how to keep oneself socially acceptable. In their study of San Franciscans, Clark and Anderson found that the most important sources of high morale were (in order of frequency): "entertainments and diversion; socializing; productive activity; physical comfort (other than health); financial security; mobility and movement; health, stamina, and survival"; while the most common sources of low morale (in order of frequency) were: "dependency—financial or physical; physical discomfort or sensory loss; loneliness, bereavement, or loss of nurturance; boredom, inactivity, immobility, and confinement; mental discomfort or loss; loss of prestige or respect; fear of dying. . . ."[21] Education aimed at prevention of the more serious problems of growing old will need to take these lists seriously, and will need to help people to find the ways to improve the potential for high morale and discover how to offset the unavoidable sources of low morale.

There is great need as one grows older to see retirement as a promise rather than a problem, and to focus on retirement *to* instead of *from*, that is, on retirement as oppor-

tunity for creative fulfillment and service. The available leisure during middle age should be used to develop, test, and practice the kinds of things one will do and the kind of person one will be when retirement arrives. This quest must include finding creative and constructive activities, anticipating the problems of retirement, reevaluating the meaning of work, and finding worthwhile and workable outlets for energy.

Educational programs offered by the church will seek to nourish the individual's faith. This specification may seem obvious, but it needs to be emphasized, not only because such a concern is expected of the church, but because one's faith ought to mature along with the rest of one's being, and because faith may receive considerable testing under the stresses of aging and retirement. There needs also to be emphasis on role flexibility. Sensitivity training is one excellent means to the attainment of this end.

Educational programs related to aging and retirement can begin as early as age 45 and should gradually increase in depth and frequency as age 65 nears. Although many agencies in the community may already be offering such educational opportunities, there is still need for coordination of such efforts and for communication about them to the groups which can readily make use of them. The local church is ideally situated to assist in these two tasks as well as offering education on its own.

iv.   the role of the church

THE RESPONSIBILITY OF THE CHURCH for the aged is essentially part of the larger responsibility of the Christian for all the disadvantaged members of society, a role that has its roots in the social provisions of ancient Israel. In harvesting, for example, the field and the vineyard were not to be stripped bare, but the gleanings were to be left "for the sojourner, the fatherless, and the widow. . . ."[1] Respect for the aged was enjoined: "You shall rise up before the hoary head, and honor the face of an old man. . . ."[2] And relations within the family were to include respect for the older generation: "Honor your father and your mother. . . ."[3]

The ancient Hebrews were also inclined to see old age as possessing some advantages, and to hold length of days as a reward: "A hoary head is a crown of glory. . . ."[4] "Wisdom is with the aged, and understanding in length of days."[5] Long life was seen as a divine reward for obedience to the Mosaic Law.[6]

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In another sense the aged constitute for the church a special challenge, created largely by the rapidly increasing size of this age group, which now represents a volume of need never before known and a quantity of potential service and leadership also never before known. "The twofold challenge is: Can the church meet the needs, and can it call forth and direct the potential leadership and service?"[7]

In its 1957 statement of *Policy and Strategy in Social Welfare,* the National Council of Churches set forth fourteen priority needs, of which two are of direct concern here:

5. Ministry to and development of new opportunities for the aging.

11. The development of genuine community life transcending the divisions of society.[8]

A special problem also exists for the church in relation to the aging, in that many older persons continue to live with the same idea of the function of religion that they had in their youth. This childish concept fails to provide them with a satisfying relation to God and to their fellowman. "If religion is to be meaningful for senior citizens, it must relate itself to their changing needs. The problems of aging cannot be solved with old methods."[9]

The National Council statement of 1957 defined the church's role in social welfare in terms of three forms of action: proclamation of the gospel (*kerygma*), social participation (*koinonia*), and social service (*diakonia*). These three classic forms of the church's ministry parallel closely the needs of the aging, as they do, indeed, the needs of all men. The statement goes on to define *diakonia* in our generation as the combination of: (1) concern for the health and welfare of the immediate community around the church and its own members, (2) constructive relations

with nonchurch agencies working for social welfare, and (3) an increased number and quality of health and welfare agencies to meet the needs of people and more adequately mediate the love of God.[10] This approach to the church's role in social service must not be confused with mere humanitarianism. The church's ministry is rooted in the knowledge of the love of God and in the desire to demonstrate that love to one's fellowmen. Some are concerned, perhaps legitimately, that the church's ministry today is increasingly inclined to be oriented more toward social service and less toward spiritual-religious experience than in the past. This inclination, however, grows out of a growing awareness in contemporary theology that all of life is sacred, and that therefore *social* service is at the same time *spiritual* service when it derives from the desire to act out the love of God.

Available Resources

It is widely believed that people quite naturally turn to the church as they grow older. To be sure, it is the most accessible social service agency for many and may be the only one they know. Furthermore, and most important, the ties which exist between older persons and the church most often derive from earlier years and are thus not associated with old age and dependency as is the case with most other agencies. This difference bears an important relation to the maintenance of self-esteem described in the preceding chapter. Furthermore, the church represents the ultimate values in life as other agencies do not, and often cannot. Despite these positive factors, however, there is considerable research to indicate that religion plays a lesser role in the lives of most older persons than we should like to believe.

Church membership tends to peak in middle adulthood,

and as age continues to advance, membership declines somewhat. One study found that among the aged about 55 percent were active or fairly active church members, another 15 percent were formerly members but now inactive, and 30 percent disclaimed any membership. Church attendance by the aged varies from 31 to 56 percent in various locales, with the higher numbers generally found in resort and tourist areas which attract large numbers of retired persons. This latter fact may result from the fact that church membership tends to be a function of socio-economic status. In Jonesville, for example, Warner found close correlation between the two factors. He found the proportions of church attendance by class to be: upper class, 77 percent; upper-middle class, 59 percent; lower-middle class, 49 percent; upper-lower class, 45 percent; lower-lower class, 28 percent. Since those financially able to retire to a resort area would come mostly from the middle and upper income groups, it should follow that church attendance of older people would be higher in such areas. The study of Prairie City confirms this assumption, since church membership there ranged from 67 to 75 percent of all classes, except the lower-lower class, where membership was about 40 percent, and this concentrated almost entirely in store-front churches.[11]

The Prairie City study also revealed something of the nature of church activity by the aged. In Prairie City, only 2 percent of those over age 65 were active participants in the church with some form of responsibility, such as the holding of church office. Another 61 percent were found to be frequent and active participants who assumed no responsibility, while the remaining 37 percent had virtually no relationship to active religion. The study further found that there was no large-scale turning-to-religion associated with increasing age.[12]

Another perspective on the religious participation of the

aged is to be found in a recent study by the United Pres-
byterian Church, which found that 85 percent of its con-
gregations had memberships which included more than 5
percent of persons over age 65. Nearly 40 percent of the
churches had memberships including more than 17 percent
aged. Two-fifths of the churches included a higher pro-
portion of the aging in their membership than did the
surrounding population. One-third of the churches had
no elders (principal lay officers) over age 65.[13]

By way of summary, then, from 20 to 40 percent of the
aged in various parts of the nation are not church members,
and those who are not fall chiefly in the most economically
disadvantaged class. About 71 percent of couples with
older children are church members, but only about 48
percent of those in the empty-nest stage belong to a church.
In a survey of urban aged, 23 percent of the church mem-
bers reported that they attend more often than they did at
age 50, while 29 percent report attending less often, and 47
percent report no change.[14]

In a New York study in 1957, age was found to make no
significant difference in attendance. Adults aged 30 to 35
and those aged 60 to 65 were more likely than those aged
40 to 55 to pray or consult a clergyman when in trouble.
For those in the 60-65 age-group the percentages were
quite small, however — not over 21.5 percent in reference to
prayer, and not over 1.7 percent in the case of consultation!
On the other hand, religious self-image and belief in a life
after death were found to increase significantly with age.
Thus, overt religiosity was found not to be correlated with
age, while subjective or covert religiosity does tend to in-
crease with age.[15] The data from this study are subject to
question somewhat, however, since they were not obtained
from longitudinal studies of the same persons at different
ages, but from interviews with persons of different ages at
the same point in history. It may be, therefore, that the

differences measured reflect wholly or in part differences in the training and past experiences of the various age-groups rather than differences which can be attributed directly to aging. Further study on the question of religiosity and age is needed before this evidence can be considered significant.

A study by Robert Gray may reveal some of the reasons why older persons do not participate more in the life of the church. Gray found that many of the aged felt that younger members resented their presence, and many others could not contribute financially or dress well enough to match their perception of what was appropriate. Others felt neglected by the church, were unable to obtain transportation, or were too ill. Still others did not approve of changes they saw taking place in the church, or found themselves involved in conflicts about the appropriate role of the older church member.[16]

While there is no evidence to support popular beliefs that people turn to religion when they grow older or become seriously ill, there is some evidence that many find religion helpful. In a study of urban aged, 39 percent identified the church and religion as the institution or association which gave the most satisfaction or comfort in life. On the other hand, there was no significant difference with regard to worry about growing old between those who did and those who did not find religion comforting.[17] Several studies show a correlation between church membership and good adjustment to aging, and findings indicate that the church is a major potential source for improving the well-being of older persons. On the other hand, Gray believes that church membership does not contribute to personal adjustment, but religious beliefs and activities may. However, there is always the possibility that religious beliefs and activities are themselves the result of good adjustment rather than the re-

verse.[18] More probably the two variables serve to reinforce each other in a cyclical fashion, thus making it difficult to show that religious activity produces or contributes to adjustment. Landis did find evidence, in his study of rural elderly in Iowa, that regular church attenders were better adjusted than nonattenders. But the Prairie City study led to the conclusion that the professed religiosity of the individual has little correlation with his personal adjustment.[19] There is some reason to believe that those raised in a psychologically secure family may find religious orthodoxy compatible, while those whose life experiences lead toward deviation will find it less compatible.

There is need, therefore, to be more explicit about the nature of religiosity before we can establish its relationship to aging. Charles Y. Glock has suggested a fivefold typology for studies of religious commitment: ideological (belief), ritualistic (practice), experiential (feeling), intellectual (knowledge), and consequential (effects). In studying the religiosity of the aged people, we need to discover what they believe about the existence and purpose of the Divine and the means by which man may carry out this purpose; how often they participate in religious activity and in what types of activity; how strongly they are concerned about what they believe; how sensitive they are to the Divine in the midst of the world; how strong is their trust in the Divine and how deep their fear of the Divine; how much they know about their faith and how much they wish to know more; how this knowledge relates to other types of knowledge they possess (that is, how sophisticated they are as learners); and finally how their religiosity affects the other dimensions of their lives, including their expectations of ultimate and immediate rewards.[20] We can scarcely begin to deal competently with the relationships of older persons to the church until we have begun to explore with care and with serious intent these many dimensions of re-

ligious behavior. It certainly will not suffice to content ourselves with superficial statistics about membership and attendance.

Nevertheless, while we cannot speak conclusively about the relationship between age and religiosity, and while we must conclude for the time being that aging apparently does not influence religious behavior very strongly one way or the other, we cannot escape the evidence that many of the aged do belong to churches, or have some contact with them. Furthermore, more aged persons have some relationship to the church than to any other social institution. And since this tends to be more true among the higher socioeconomic classes, and since these are persons for whom the economic and social problems of aging tend to be somewhat less, the aged themselves may be viewed as a *resource*, as well as a challenge for the churches.

This fact becomes important when we consider that as people age, the opportunities for need-gratification through family and work decline, and they may seek to satisfy these needs more through religious activity, particularly because of religion's eternal and eschatalogical dimension which holds forth the possibility of offsetting the shortness of the temporal life. However, we may be sure that older persons will turn to religion for need-gratification only if their previous experience indicates that it is likely to fulfill the purpose. The church has a decided advantage in seeking to relate more positively to the aging. It makes fewer distinctions based on age than most other social institutions, and long association with the church leads to the establishment of friendships which do not terminate with retirement as do those developed through occupation. Furthermore, the church tends to encourage a positive outlook on life which is conducive to good physical and mental health. It therefore seems reasonable that those who are already church members will find, as they reach retirement and old age,

that the church continues to afford the opportunity for meeting their needs. The church provides resources for meeting anxiety relative to death, offers opportunities for social participation, affords resources for overcoming events of major loss such as the death of the spouse, provides counsel for periods of depression or crisis, and has many resources for the satisfaction of the basic psychological and social needs of the individual.

Many of the conscious aims of the church relate closely to what we have previously termed preventive care: "(a) to help them face impending death; (b) to help find and maintain a sense of meaningfulness and significance in life; (c) to help accept the inevitable losses of old age; and (d) to help discover and utilize the compensatory values that are potential in old age."[21] Other aims are: assurance of divine love and protection of life, relief from guilt and fear, relief from loneliness, a larger perspective for life, continued spiritual growth, satisfying status, and a feeling of usefulness. These are in line with what we have called maintenance care.

One important dimension of the church's ministry to the aged is that we live in a period when, despite increases in the church's social and educational activity, religion and religious explanations of human existence are declining and are being replaced by rationalism and materialism; and this trend is concurrent with the extension of the life-span and of the post-parental and post-work periods, when the meaning of existence is most severely threatened in many lives.

Yet religion has many resources to offer the aged: the ability to see oneself as a spiritual being, the belief in the sacredness of personality, the only sound basis on which civilization can be held together and mankind can persist, and the security of participation in activities that are really worthwhile, such as the struggles for civil rights and social

justice. Religion remains important because it involves a response to the experiences of aging, change, loss, and death, as well as a concern to find the ultimate meaning in those processes and the significance in human life, thus affecting not only the way we look at aging but the way we respond to the aging person. In addition to the primary functions of religion—to give meaning to existence, to promulgate eternal values, to mediate relationships to ultimate reality, to express worship and faith, and to shape society and its values—religion also has several secondary functions, including to be a social group, and to function as a social agency for the community.

Ada Barnett Stough, of the federal Administration on Aging, summed up the role well in an address in which she referred to the "unique something" which the church has to offer the aged: ". . . the process of individual fulfillment; that inner-striving; that reach toward the perfection of the Divine . . . all that has to do with the dignity, the integrity, and the very specific individuality of every human being in all aspects of life and in confrontation with death."[22] She went on to suggest three important concerns for the church: to help persons adjust to retirement with its problems of loss of income and use of time; to make an honest challenge to the practice of perpetuation of life beyond the end of self-awareness and the consequent denial to the individual of the right to die in dignity; and to place greater emphasis on the positive side of aging, assisting individuals to continue their personal growth and development through life.

The church, then, has vast resources to offer older people. It can help them meet their spiritual needs, update their theological knowledge, handle insecurity and frustration, counsel and visit the troubled and the shut-in. It can educate by helping to eliminate the widespread errors about old age and helping older people learn how to adapt and

change with the times. It can help them to develop their individual personalities, meet their physical and material needs, meet their social and recreational needs, help them solve their personal problems, and through cooperation in research and the use of its civic and political influence, it can help to solve the problems of the aged as a group. In turn, the aged themselves have much to offer the church. In addition to participation in worship and devotional activities, they can teach, assist in the visitation program, help maintain and improve the property, do clerical work, handle the church's business affairs, organize and staff programs for the aged, and perform many other tasks.

There are other resources as well. The aged themselves, of course, constitute a vast resource of time and energy, ability and experience. The church itself has vast theological and spiritual resources which the aged need. But it also has another vast resource which places it in an enviable position to serve many of the preventive and maintenance needs of the aging: It has buildings, equipment, and personnel. Often these physical resources are not being used in the most efficient manner and might be used more effectively in ministering to the needs of the aging, without neglecting the needs of other segments of the population.

Present Programs

There are many groups, public and private, which are seeking to provide services to the aged: unions; business and professional groups; fraternal, veterans, and ethnic organizations; service clubs; lay and religious organizations. Some programs are purely local, others are national in scope. In Chicago, for example, in 1950 there were 104 programs for the aged; 63 were social groups, 26 special interest groups, 15 men's card and game groups; of these,

46 were sponsored by public agencies and 58 by private organizations. Only 5 of the total group, however, were organized and operated by churches.[23] On the other hand, a 1951 study of 474 randomly selected retired persons in West Palm Beach and Orlando, Florida, found that more than half of the 101 organizations in which these persons participated were either churches or church-related.[24]

For a long time, and particularly from the nineteenth century onward, the primary emphasis of the churches in caring for the aged has been to provide homes-for-the-aged type institutions. Most of the thinking of the church still seems to run in this direction, yet in 1950 only slightly over 3 percent of those over age 65 resided in institutions of any kind. As previously indicated, reasonable estimates indicate that the present needs for this type of care do not exceed 5 percent of the aged population. "With the increase in pensions and public assistance funds and the development of a variety of community services for older people, sheltered care has become obsolete except for the indigent and the physically infirm."[25]

Part of the problem lies in the fact that since the Protestant Reformation and the subsequent separation of church and state, much of the charitable work once performed by the church has been taken over by society through government and private agencies. Yet the church has tended to maintain parallel institutions, rather than to seek to develop new forms of service suited to its present resources and to actual need. The church has a major role to play in understanding the problems and potentialities of the increased numbers of the aged among us. A primary task for religious groups will be the development for society of ideals and value systems associated with aging.

In 1954, Tibbits found that almost 1000 homes for the aged, about 40 percent of the total number, were related to religious groups. Some of these homes also maintained

outpatient services. Religious groups also operate counseling and casework services, institutional chaplaincies, and similar programs. Some denominations informally participate in such programs as the National Social Work Conference, the National Conference on Aging, and the National Social Welfare Assembly. In some denominaions there are national staff personnel responsible for the aging, and there are also publications and manuals for local programs. For example, in 1964 the United Presbyterian Church held a consultation on aging, and in 1967 it conducted a survey of Presbyterian services to the aging, which was published together with recommendations and program ideas.[26]

The belief is often stated that older church members should be integrated rather than segregated in the life of the church, but available information indicates that little has been done to meet the peculiar needs and interests of the aging, under the assumptions that (1) these are already being met through general programs for all adults, (2) the aging are in fact already integrated, and (3) individuals will take the initiative in getting from the church what they need or want. In fact, the church often contributes to the special tensions and anxieties of the aging instead of lessening them, as we have already seen.

The Community Services Council surveyed 70 churches in 1957, and found that only 30 had an *effective* interest in the aging. There were 9 special groups, 37 friendly visitation programs, 30 transportation services, and 35 counseling services. Churches have taken the aged and the infirm into consideration in building and remodeling, chiefly by getting rid of stairs and by installing hearing aid or public address systems. Pastoral care of the elderly is often confined to the long-term members. There are a few "Golden Age" clubs, but they tend to be merely extensions of adult Bible classes, and generally do not survive long. There is

reason to believe that they are relatively ineffective in dealing with problems of adjustment to aging. A few churches, such as First Methodist, Schenectady, New York, have developed day center programs or are making their facilities available for such uses. A few are offering preparation-for-retirement courses. In general, the churches have done little to provide special programming for older adults, or to deal effectively with the problems of aging. They are, of course, neither far behind nor far ahead of other social institutions, in this respect.[27]

Some of the more notable related to a religious body include: the Monday Evening Recreation Club of Broadway Tabernacle, New York, which offers singing, table games, and coffee; the Northwest Fellowship Center of Lincoln Avenue Methodist Church, Pasadena, California, which provides interracial fellowship, sewing and scrapbook projects for the poor and needy, repairs linens for the YWCA, and offers several one-day outings each year; the Retired Couples Club of Victoria, British Columbia, which provides for social and discussion evenings; the Borrowed Time Club of First Methodist Church, Bloomington, Indiana, which offers biweekly Sunday afternoon tea and discussion sessions; the Hyde Park Seniors of the Chicago YMCA, which holds luncheons, folk dancing, music, art, craft and talent nights, bazaars, round tables, and six- to eight-week institutes on topics of interest to older people; and the Thirty-Sixty Club of the Lake Avenue Baptist Church of Rochester, New York, a recreational group for unmarried adults of all ages.[28]

The Methodists, in fourteen conferences, have special directors for work with the aged, hold regional workshops and courses in planning for the local church, and publish *Mature Years,* a special periodical of religion and gerontology. The Lutherans have established pilot community centers for the aged, visitation and casework programs,

clubs, and foster home programs. Most Protestant churches, however, have done little or nothing in the way of special educational programs for older adults, with the exception of the traditional Bible class. The emphasis in newer educational ventures seems to be toward adults in general, young adults, or the family.

Brighter Vistas, by Ada Barnett Stough, describes four outstanding examples of local church programs for the aged:

(1) St. Luke's Methodist Church, Oklahoma City, operates a school of continuing education, which enrolls some 700 older persons for a fee of $2.00 per semester, and offers a curriculum of 27 courses, available each Friday. Teaching and administrative staff are all volunteers, and are selected on the basis of ability, rather than simply on availability. The cost to the church is minimal beyond the providing of facilities, which were already available for the most part and were standing idle through the week.[29]

(2) First Baptist Church, Los Angeles, operates an adult community center, which has three basic programs: The Go Club concentrates on travel and provides one short trip each month, usually at a cost of $5.00, and an occasional longer trip of three to seven days' duration. The Wayfinders Club works with the hard of hearing, teaches lip reading, and gives free hearing tests. The XYZ Club is essentially a luncheon forum program, but also provides facilities for music appreciation, art, and volunteer and service groups. The center operates in conjunction with the public school adult education program.[30]

(3) Riverside Church, New York, operates the Tower League, also a day center program, for about 250 members, who pay $1 per year. There is a lounge, open daily from 10:00 to 4:30. The program has five phases: education, including courses in foreign languages, lip reading, and art appreciation; exercise classes for general groups and those

with special problems; a lecture-discussion series; a retire-
ment preparation program; and a program of services to
special groups, such as greeting cards to the blind, tutoring
potential school dropouts; and a trained visiting corps with
regular in-service training. It should be emphasized that
these service programs are largely staffed by the aged.
Faculty members from nearby Union Seminary and Col-
umbia University are co-opted for many of the programs.[31]

(4) First Methodist Church, Baton Rouge, Louisiana,
operates an XYZ Club and Day Center with a five-day-a-
week program aimed at opening doors for the aged. This
church has built a special adult center, which is partly used
for work with the aged. Programming includes: arts and
crafts, designed for sale (income is $1,300 yearly); monthly
free luncheon; a lecture series and periodic performances
by the university opera workshop; a course in ceramics; a
club for men centered in crafts and photography; special
work with the blind and the mentally ill; a lounge; and
special dinners on holidays for those separated from their
families. No fees are charged, even for materials, since
the entire program is funded from donations.[32]

A different kind of program, and a highly imaginative
one, is that operated for a time by the Community Pres-
byterian Church of Edison, New Jersey. The program was
titled "The Woman from AUNT." The letters stood for:
Aid Until Need Terminates. The motto of the organization
was:

> There is always a woman from AUNT
> Who is willing to work when you can't.

During illness or emergency, either long or short term,
members would take children into their own homes, cook
or bake and deliver, wash and iron, do emergency grocery
shopping, come into the home for light housekeeping
tasks.[33] The important thing about this program, compared
to those described just above, is the fact that the other four

churches have large memberships and are primarily down-
town churches in large urban areas. The church in Edison
had only 328 members in a community of less than 50,000.
Yet, without large expense or facilities, this program has
the potential of a significant contribution to two kinds of
need: the need for something socially valuable to do with
one's time, and the need for services which will permit the
older adult to remain in his own home for a much longer
time. Further, this is not an age-segregated program, but
is open to all women of the church, and its services are
available in the name of Christian love to all who need
them. That's a hard combination to beat.

The Barrett Avenue Christian Church, Richmond, Cal-
ifornia, also a small church, operates another kind of
significant program. Called "Friendship Partners," this
is an organized program to provide regular visiting and
assistance to older and shut-in members of the church.
Visits are made weekly, usually at the same time each week,
and are based primarily on creative friendship as the
answer to loneliness and frustration. Reports are made to
the pastor following each visit of any information which
may assist in his pastoral care of the same persons. Peri-
odic training meetings are held, and a mimeographed
piece titled "Suggestions for Visitors to Shut-In and Elderly
Persons" was developed by Edna M. Turner, a retired
social welfare executive, now a member of the church and
active in committees concerned with the aging in the
northern California area.[34]

A rather extensive program in the northern California
area is that operated by the San Francisco Council of
Churches, whose former Planner on Aging, Mrs. Beatrice
Schiffman, writes: "Our goal has been to help churches
serve older people in their communities to the end that
they remain in the community in control of their lives."[35]
The council operates twelve Senior Centers throughout

the city, and two additional friendly visiting programs. Four social workers are employed by the Council, an agency which receives part of its support from United Bay Area Crusade.

The church which houses the center pays the cost of equipment, usually about $800, and its pastor usually serves on the staff of the center. Each center also uses 8 to 10 volunteers to staff a one-day-a-week program. At present there are more than 150 trained volunteers and more than 1,200 older persons participating in the program. Student nurses from the University of California medical center do friendly visiting under the program. The time given by volunteers averages well over 6,600 hours per center per year, a contribution which would be worth well over $18,000 in salaries.

Center programs deal with hearing problems, occupational therapy, arts and crafts, education aimed at wider perspectives and growing self-knowledge. The Council also, under a Ford Foundation grant, engaged in a program to meet the needs of older persons in an area scheduled for redevelopment.[36] In connection with the Economic Opportunity Council, the Council of Churches recently launched a program to assist the elderly in helping themselves in the Chinatown-North Beach area. A similar program has been started, in conjunction with the Catholic Committee on the Aging, in the Central City area. The program carried on in San Francisco is an excellent example of the kind of ministry which could be operated in most metropolitan areas through a cooperative effort of the local churches. It represents the opportunities for ministry which can be created through careful planning and cooperation.

Mrs. Stough, after more than 5 years of close association with the work for older adults in many denominations, believes that:

Most all religious organizations are working toward broader based, better integrated and coordinated programs, in both the national denominational structure and in the local parish, with more emphasis on services to persons in the homes, centers, and volunteer opportunities. Some have ongoing pilot projects to establish guidelines for the development of non-residential services. Several denominations report that they are moving toward "more sanity in housing" and less compulsion toward "hanging the church shingle over a building," unless real need is established.

Church leaders see a large need to change clergy attitudes, and to that end are holding short in-service training seminars and workshops as a proximate goal, with the added long-range goal of adding relevant training to the curricula of theological seminaries. They hope also to make an impact on regional Church bodies.[37]

This development cannot come too soon, since the United Presbyterian study published last year revealed that over 80 percent of that denomination's regional governing bodies had done nothing significant to foster better understanding of the problems and needs of the elderly. Further, it was found that only about 10 percent of the clergy felt suited to ministry to the aging, and well over a third indicated they would not seriously consider a call to serve a congregation with large numbers of older people. Only one-fifth of the Presbyterian churches had a staff member with particular responsibility for the aging.[38] It seems reasonable to assume that a similar situation exists in the other Protestant denominations, and probably in the Roman Catholic and Orthodox churches as well.

Thus, although there are numerous examples of well-staffed and highly imaginative programs for the aged, the general picture seems to be that the church is not doing very much, and most of what it is doing is to continue its past habit of building institutions, although there are indications that chinks are appearing in the armor of this time-honored custom. More churches are trying to follow their Lord in serving rather than being served.

Available Opportunities

The main thrust of this book is, however, not so much a concern with the national policies of the churches as an attempt to provide a framework for the development of local efforts to minister effectively to the aged. Perhaps the reader should be reminded that local churches really do not need to wait for the development of national policy before beginning seriously to plan for more effective local ministry. Every local church already has sufficient mandate for this ministry. It derives from the basic concern for the well-being of persons which has been at the center of its life from the days of its Founder. The churches are where people are, concentrated in residential neighborhoods. And they have the primary resources required: large numbers of the elderly themselves; and buildings, equipment, and staff, often quite extensive, and often unused for large portions of the week. In reference to the elderly, we need to recall that the largest portion of them are in good health and have lots of time, not to mention talent and experience. The availability of such resources is something new in history. The church will be exceedingly foolish if it fails to make use of this wealth.

In attempting to project programs, two functions appear uppermost: those which the church alone can perform, and those which the church decides to do because it can do them best or because the need will otherwise remain unmet. Preventive services, at least in some respects, will fall more in the first category, and maintenance services more in the second.

The church, in the person of its pastor, already has the potential of a central referral agent. He can, with the investment of a few hours' time, inform himself of the more frequent needs of older adults, and of the available agencies and services designed to meet those needs.

The local church needs to engage in a ministry that gives meaning to life, to develop programs focusing on intra- and interpersonal relations, to form and evaluate associations with respect to the needs of older persons, and to coordinate and make effective use of available community resources. This means it will need to have counseling and educational programs and groups for older adults, and will also need to act as a clearinghouse for community resources.

In establishing ministry for seniors, we need to direct our concern more toward the restoration and maintenance of those aspects of the individual's life which are still reasonably whole, and to avoid the temptation to concentrate on the pathological. Our focus will need to be primarily preventive and secondarily therapeutic. More can be accomplished with limited resources if the prime emphasis is upon the attempt to help people prepare for change and crisis before they occur. A major report to a large Protestant denomination a few years ago set the following proximate goals appropriate to local ministry to the aging:

1. The relief of loneliness among older persons;
2. The provision of opportunities to experience the stimulus and the excitement which lie outside the walls of an apartment or home;
3. The provision of opportunities to experience a feeling of mastery and influence;
4. The development of programs to provide young people with the opportunity to serve older people under supervision, and programs to give older persons the opportunity to be of service to youth;
5. The establishment or encouragement of facilities where older people or their families can go for no cost or the price of a voluntary contribution to secure information or to discuss problems of any kind. Such an informational center would be staffed with persons capable of ascertaining what the question or need really is, and what individuals or agencies, if any,

the older person or family should be referred to for further help;

6. Continued effort to apply psychological principles to the operation of living units which have been established by church agencies.[39]

Such a ministry should help persons to achieve maturity, creativeness, and wholesomeness, to handle problems, and to set new directions for life when needed. It should set the goals and values of life, freedom, and personal relations; should help persons to feel that they belong, are valued and understood; and should encourage and support them toward security, self-confidence, and self-respect. It will help people learn how to make constructive use of conflict, and it will set about changing the patterns of culture to remove the restrictions and prejudices which now hamper older persons as well as members of other subcultures. It will also seek to help the aging deal meaningfully with impending death, the unavoidable losses of aging, the need to keep a sense of the significance of living, and the ways to discover the potentials of old age. We can learn much from the observable facts which "indicate that those programs which give older adults an incentive and an opportunity to learn and grow are drawing people by the hundreds, while the typical golden age club whose fare is tea, tiddly-winks, and pot holders draws the same small group year after year."[40] Simply put, the church's business is to help people decide what they want to be and do in the final stage of life. And this is something that cannot begin too early, and usually does not begin early enough.

Such a ministry falls under the category of those things which only the church can do. To be sure, it will make full use of the available resources in the community, but if really successful, it will stimulate the expansion of those resources, and most certainly will not replace them or compete with them.

A program which really intends to meet the needs of the aged will need to cope with many of the aspects of the philosophy of the Greater Albany Program for Aging:

1. Aging is a personal and local phenomenon.
2. The needs of a happy old age are best planted early.
3. Oldsters must feel wanted.
4. Physical and mental activity is a biological necessity.
5. Flexible programs for aging within the traditional framework of a community are best equipped to solve the diversity of local problems of aging.
6. A scientific attitude and design enhance the value of a community program.[41]

It will also need to encompass, as far as resources permit, the three categories of need outlined in the previous chapter. Thus it will seek to: "prevent arbitrary segregation of active older adults from society; develop programs . . . for those active older adults already segregated; develop and maintain programs needed by . . . older adults who now are permanently unable to be normally active."[42]

The prospects for an effective ministry are as broad as the imagination and energy of those who carry it out. Certainly they will look to the development of creative uses of leisure time for those who are not yet retired; the development of programs which make significant and meaningful use of volunteers before and after retirement; and education aimed at meeting the problems of retirement. They will explore the expanded use of older adults—those who have been public school teachers before retirement —as church school teachers following the model of the Hastings College of Law in San Francisco, which has had exceptional success by hiring for its faculty those who have been subjected to compulsory retirement from other faculties.

An effective ministry will need to cover all the bases set forth in Milton L. Barron's eleven "Principles Underlying

Service to the Aged": purposeful activity, utility, social acceptance, growth, opportunity, freedom of choice, non-segregation, individualization and diversity, self-reliance, local responsibility, and early preparation.[43]

While the solution of the economic difficulties of the aged must ultimately await a major overhaul of our economic value system, the local church can prepare to help with economic difficulties by continuing to treat the retiree as a person, providing direct economic help in emergencies, beginning early to train people to find other solutions, promoting local hiring policies which are based on competence rather than age, encouraging the use of volunteers on the highest as well as the lowest organizational levels, setting up preretirement classes, and promoting needed legislation and public education to offset present economic difficulties.

In Chicago, the Community Project for the Aged (Welfare Council of Metropolitan Chicago, 1952) defined the following objectives for the churches: (1) enrichment of counseling programs, (2) better use of community resources and facilities, (3) closer cooperation between agencies and programs, (4) development of educational and recreational programs, and (5) establishment of programs using trained volunteer visitors.[44]

Attention should be turned away from separate institutions for the aged, not only because the demand is small but because many of them cannot meet the need of their prospective clients, since these institutions are far too expensive for many persons of limited means. More emphasis needs to be placed on the needs and opportunities of the older adults, especially in churches which have been prone to place disproportionate amounts of emphasis on programming for youth. This must be done, however, without increasing the already over-present tendency to segregate the generations.

In many cases, planning of local ministry to the aging may be better accomplished through the local council of churches if one exists. Such cooperation serves the dual purpose of increased effectiveness and economy, and of witness of the unity of spirit and purpose among the co-operating churches. The local council could assume responsibility for study of needs and planning to meet them, cooperation with all community health and welfare services, ministry to special groups beyond the scope of the local church, working relationships with public agencies and interpretation of their services, education and mobilization of church members, and recruitment, training, and placement of volunteer and professional staff personnel. Such programming must be carried on in consultation with local congregations, however, since programs, services, conferences, and publications provide no guarantee that needs are being met, and may even afford an escape from confrontations with the very persons who have the needs. This is a common aspect of bureaucratic structures. Therefore, understanding by ministers and congregations of the problems and potentials of aging must remain a central part of any community-wide program under a council of churches.

Through cooperative programming, and through joint planning and consultation, the efforts of many already existing programs can be expanded, coordinated, and where necessary, duplicated. Some of the programs which can complement the church's concerns are: Foster Grandparents, related to the U.S. Administration on Aging and the Office of Economic Opportunity, to provide service to sick and neglected children; Home Health Aides, a project of O.E.O. and the Public Health Service to extend the reach of the medical profession by using older persons as trained aides; SCORE, a program related to the federal Small Business Administration which offers opportunity

for service to retired businessmen and executives; Project for Academic Motivation, a program which uses retired professionals as education aides; as well as Senior Service Corps, International Executive Service Corps, and Second Careers Institute, all of which seek to place retired persons in volunteer positions of social importance which will make use of their skills and interests.

A frequent approach to the needs of the elderly is centered in the worship service. Special services are held, for example, in Cleveland on Sunday afternoons in midtown churches. Other churches make arrangements to bring worship and the sacraments to shut-ins through the use of radio, television, and tape recordings. Except where necessary because of special problems such as deafness, which requires the use of sign language, special services do not seem wise, since they tend to increase segregation of the aging, which we have found not to be desirable. On the other hand, preaching at regular worship services surely could deal with problems of aging such as rejection, loneliness, loss, change, and so forth, without singling out the aged for special notice, since these are problems not limited to the elderly even though their incidence is greater as one grows older.

Pastoral counseling and calling is an area in which the local church may seek to increase its effectiveness. The pastor himself will continue to maintain direct contact with the aged in his congregation, as he does with all members. But as the age-span lengthens and the proportion of those over age 60 increases, the demand for trained counsel for the aged will increase rapidly. Few pastors have specialized education adequate to this need, and few have the time and strength necessary to meet the need adequately yet maintain a balanced ministry. In most parishes a more effective solution lies in the use of trained lay visitors, supervised by the pastor, who functions as a theological resource. In

larger communities the council of churches or local ministerium could assume responsibility for periodic in-service training in the special needs and problems of the aged, offering such courses for both clergy and laity. The individual pastor can improve his knowledge by consulting some of the resources listed in the bibliography, especially such sources as Maves and Cedarleaf, and Brown.

Group work is another area in which the local church can readily improve its ministry, largely through training of group leaders in the special factors related to group work with the aged. Suggested resources here would be Maves and Cedarleaf, Kubie and Landau, and Vickery. Effective group work with the aging is especially important since human beings are primarily social beings and need to associate meaningfully in groups, and since the aged have special needs in the area of socialization. Groups are particularly useful for learning the constructive handling of conflict. The group counseling of peers is an effective way to communicate advice, encouragement, and correction. The "bull session" approach, if properly used, can be very therapeutic. Group leaders need to be knowledgeable about the needs and patterns of human associations, integration of groups, definition and achievement of goals, and evaluation and consolidation of group experiences. A special hazard of group work with the aging is the tendency of groups to congeal around a reactionary or limited leader, as well as the problem of group attrition arising from declining motivations.

Certain secular needs may also be met from the peculiar vantage point of the local church. Modification of negative community attitudes toward the aging, and inspiration of community efforts toward service to the aging are two important areas where the church can support local leadership. It can also seek simply to provide companionship for older persons in need of it. It can meet many of the in-

dividual older person's needs for social participation and recognition, in ways which allow him to serve as well as be served. He can call on the sick and newcomers, do routine office work, usher, serve on committees, provide programs and leadership for youth and young adult groups. The local church can help the aging member to remember that he is not a second-class citizen whose opinions no longer matter, that he is part of and responsible to society as a whole and not just to a group concerned with its own privileges and problems, that he can find new goals worthy of the leisure and freedom he now possesses, and can help him to channel his energies and concerns in constructive ways.

Older persons can be trained to be very effective lay visitors who use many of the basic techniques of pastoral care, often with great effectiveness. They are especially useful in dealing with persons who have largely submerged their own creativity. Visiting the sick is an activity that was frequently mentioned by subjects in the Clark and Anderson study, and appeared to be accepted as an obligation, with certain reciprocal aspects. It appeared also to provide considerable satisfaction to many who mentioned it. The same researchers also discovered that there are many older persons who do not have the strength or mobility to take the initiative in socialization, but who nonetheless have considerable need for it. Someone must come to them, and it seems logical that the more active of the aged could be used effectively in such a ministry.[45] Retirement does not destroy man's concern and ability to care for his fellows. People continue to care about each other when they are old, and the church is failing in an important area of human behavior if it fails to stimulate this natural human tendency. There are many simple ways in which the church can meet the needs of older adults, if they are known. For example, a study of two churches in Minneapolis-St. Paul

revealed the following needs: transportation to church; visitation, especially to shut-ins; opportunity to feel useful and worthwhile through activity rather than merely to be entertained; not to be a burden but to take care of oneself and be independent; and recognition for past service to the church.

There are specialized ways in which the church can be helpful to older persons. They can, for example, be helped to understand provisions of the social security program and how to obtain rightful benefits. Some of the needs of the aging will be met through the federal government, others cannot. Some will be served through state and local government. But some needs will remain forever beyond the power of government. It is here in particular that the church must step into the breach, for human needs and problems do not go away simply because the government is unaware of them or unable to meet them. Nevertheless, the government has resources to offer which can be put to good use in ministry to the aging. Grants are available to religious organizations through the federal Administration on Aging. Local councils of churches and regional governing bodies of denominations should not hesitate to explore this possibility of financial assistance. The problems which yet remain before us are of such scope that every available resource must be used, even though many of the problems are such that they are amenable only to local solutions. In the final chapter we shall try to set some guidelines on how local churches and local councils of churches may begin to tackle the problem of providing an effective ministry to the aging.

v. getting started

ABUNDANT EVIDENCE HAS BEEN PRESENTED in the preceding chapters to make clear the crucial need for decisive action to begin in an organized way to meet the needs of older adults, particularly those needs which are not now being met. We have also set forth the reasons why much of the responsibility for action falls upon the church, in particular the local church, and why the traditional patterns of the local church's ministry and service to the aging are not sufficient to meet the need.

The problem now before us is twofold: how to begin, and with what kind of program. The intent of this chapter will not be to provide a "how-to-do-it" program of action which is "guaranteed to succeed," but rather to lay some broad guidelines within which answers may be sought to these two questions.

The first step in any new program of action must be *knowledgeable concern.* The preceding chapters stand in

direct relationship to that need. Taking the trouble to read them is evidence of some degree of concern, for their contents afford a minimal introduction to the basic knowledge required. With the aid of the bibliography and the notes appended to these chapters, the reader can expand his knowledge to considerable proportions. The increase of his concern remains his own province. Nevertheless, the reader who has progressed this far is in a position to initiate action.

He is ready then for the second step—*acceptance of responsibility*. Before the local church or council of churches can progress very far in dealing with the needs of the aging, someone must agree to carry the ball. In most cases this responsibility will need to be shared. It will be desirable in most situations to create some sort of advisory council or committee. Such a committee could well be composed primarily of retired professional people such as doctors, teachers, social workers, counselors, lawyers, and clergy. If such a group is formed within a council of churches, it will need liaison persons in each of the constituent churches. Later on, as the program begins to grow, it may wish to add volunteer or paid staff to handle administrative responsibilities. Such expansion need not be a concern for some time, however, since the members of the advisory group should be those who have time to devote themselves to the initial development of the program.

If the program is to be carried on under the council of churches, some division of responsibility will be necessary. The council should normally carry responsibility for planning, development, and coordination of programs, and for liaison with other community agencies. It should also be responsible for training programs, employment of professional personnel, research, community relations, and education, and any institutional chaplaincy or professional casework programs. As a general principle, the council

should be responsible for those aspects of the program which affect the whole community and for those which are too large or too expensive to be confined to the scope of a single congregation.

On the other hand, the local church must retain all responsibility for those aspects which relate to direct service to individuals, with the exception of chaplaincy and casework programs. The local church should be responsible for counseling and referral services, information services to individuals, recruitment of volunteer workers, and for reaching-out and educational programs. The rationale here is simple: An important part of ministry to older persons is their relationship to other persons, and this can best be carried out within the community of the particular church, where many interpersonal relationships already exist.

The first step in the development of an actual program must be a careful study to determine more precisely the needs to be met. Those responsible for the program will, of course, need to acquire some familiarity with the growing body of literature on geriatrics and gerontology. This academic background alone, however, will not suffice. There is no substitute for firsthand knowledge of the particular needs of the individuals who should be the beneficiaries of the program. An initial part of such study will be, therefore, the conduct of a survey to determine the numbers of older persons who are members of the local church or affiliated with it. The study should also attempt to discover the location of other aged persons who may not be so related. In this task, assistance may be obtained in some areas from Project FIND, a program of the Office of Economic Opportunity administered by the National Council on the Aging. Where direct assistance is not possible, the local committee may still find it desirable to use the techniques which have been developed by this project. Essentially it makes use of retired persons in a door-to-door

canvass to discover who and where the aged are, and what their immediate needs may be. The study will need to be carried out in such a way as to determine more precisely the numbers and locations of persons falling into the three categories of need described in Chapter Three. In large metropolitan areas the council of churches may wish to explore the possibility of cooperation with other community agencies concerned with the aging, and the possibility of financial assistance from the federal or state government. A council-wide program should rely on the use of liaison persons in the constituent churches to assist in identification of the aging in the several parish areas. In some cases, where several churches serve a particular neighborhood, they should be encouraged to work together at a common task.

The study phase will need to be followed by a planning phase in which those responsible for development begin to project the particular shape of program or programs needed in terms of the profile of the aging obtained from the study. In most cases it will not be possible to begin all needed programs at one time; therefore, the planning group must assess carefully the relative needs and establish a timetable for the launching of various programs.

An additional part of the study and planning phase should be to discover all existing programs and services for the aging in the community, and to develop working relationships with all agencies in this field. This effort is important to avoid duplication of and competition with existing programs and agencies. There is little justification for the church to compete with others in seeking to serve the aging, except where existing efforts clearly fail to meet the needs. Rather the attempt should be made to establish channels of communication through which referrals can be made and information can flow about common concerns. In general, representatives of the church will find personnel

of other agencies willing to cooperate in a common endeavor when it is clear that the church does not intend to interfere, compete, take over, or unduly criticize.

At this point it will also be important to begin to establish a basic information service. Facts about available services and programs should be made accessible to all who can benefit from them. Persons with basic knowledge or expertise in dealing with personal problems should be accessible to the aged and their families. Literature on meeting the needs of aging persons should be collected and made available in a central location. It may be desirable to prepare and distribute a list of all available services. A single sheet listing the names and addresses of local agencies serving the aging could be of considerable benefit.

Protective and Supportive Services

In most cases it will be beyond the financial scope of the local church or council of churches to provide custodial or full-care service to the aging. Such institutions require sizable investments and professional staffs. Such services are already available in most communities, although they may be failing to meet the needs of the aged as well as might be desired.

The concern of the church in this area will fall in other dimensions than the actual provision of such care. Those responsible for the church's program should be acquainted with the services available in the various nursing homes, rest homes, sanitariums, hospitals, and so forth, which seek to provide service to the aging. They should also endeavor to establish working relationships with the personnel responsible for administration of these institutions.

In addition, it should be the responsibility of the church, usually through the council of churches or the ministerial association, to see that adequate chaplaincy services are

maintained for all such institutions. They do not need, however, to conduct weekly worship services for persons in such institutions. Where possible the residents ought to be related to local churches and the means found to provide transportation and, if necessary, escort to the regular worship services of the churches. Where this is not possible, members of the clergy should explore carefully with the administrative personnel of the institution the wisdom of such worship services, and in what ways worship can be best provided to offer the maximum benefit to those who participate. By all means it should not be assumed that worship which is appropriate to an ordinary congregation in the sanctuary will also be appropriate to the setting of a custodial institution. The service should be carefully structured to fit not only the space limitations, but the particular needs of the worshipers.

Another valuable service which can be offered by the church to the residents of protective institutions would be a variety of simple personal services. This can include personal friendly visits, transportation for errands, shopping and errand services, the remembering of birthdays and Christmas and other such occasions with a card or small gift, and so forth. Institutions do not generally have the funds or staff available to care for such matters, but personal remembrances of this kind are important as a means to the overcoming of the tendencies of such institutions toward depersonalization. Care must always be taken to assure that personnel of institutions do not perceive such services as intrusion or implied criticism, but rather as an adjunct to their own services.

The local church could also explore with administrators whether there is need or opportunity for the use of volunteer aides within the institution. Active retired persons could provide services in this fashion, as could other members of the church.

Maintenance Services

A major portion of the effort of the local church to meet the needs of older persons will fall in the area of providing maintenance services to those who could, with some assistance, remain in their own homes rather than move to full-care institutions. Services to be provided here should be designed to complement existing programs offered by other community agencies. And a prime concern here will also be to enable active older adults to render socially useful service and thus resolve some of their own needs through service to others.

Every congregation will have in its midst many retired persons who are in good health and fully active, and who have considerable amounts of time and energy, ability and experience. The services which they can render are virtually limitless in scope. Retired business and professional people have many skills which can be used to serve others. Those accustomed to meeting the public could be of valuable service in staffing a senior center, in maintaining an advisory and referral service for those with problems, in assisting those with economic problems to find part-time work or other effective solutions. They can also be of considerable value in training volunteers to work with the aged.

As noted earlier, many older persons could remain comfortably in their own homes if they received a minimum of assistance with housekeeping tasks. The local church can render an invaluable service through the organization of a corps of volunteers similar to the project described earlier under the designation "The Woman from AUNT." Such a service could provide meal service, light housekeeping or laundry service, shopping and errand service, transportation and escort service, companionship and concern, and even small repairs service. While many of the

needs will call for the experience more common to women, older men can provide much assistance as well, particularly in the nature of repairs, and in companionship for other men. In some cases it may be possible and desirable to structure such a program around a small fee for services. Many older persons would be reluctant to accept such services if they had the stigma of charity. The charging of small fees would also serve to supplement the income of those who render the services, or at least to compensate them for expenses incurred.

Another important service which the local church could render relates to the health of older persons. Many churches have the facilities available in which to operate a "Keep Well Clinic." The purpose of such a program, like that of the "Well Baby Clinic," would be the prevention rather than the treatment of both physical and mental illness. Such a clinic could be operated one or two afternoons a week, making use of the services of a retired doctor and nurse, or in cooperation with the local medical association. Personnel should have some knowledge of geriatrics as well as general medicine. The aim should be to provide treatment of minor wounds and illnesses, referral of the seriously ill for appropriate treatment, consultation on hygiene and diet, early diagnosis of impending chronic illness, advice and counsel concerned with keeping persons out of the hands of medical quacks, and so forth. Such a program could be operated largely on a volunteer basis, with the charge of a small fee to cover actual expense for materials used.

Many churches already offer recreational or social programs for older persons. Many others will want to do so, since a major problem of those requiring maintenance care is the lack of adequate socialization. The concern of such programs should be *re*-creation, remotivation, rehabilitation, as well as the values to be derived from group activity

and discussion. Such a program must start with the people it serves and with a careful analysis of their needs. In many cases, a drop-in day center will be preferable to an organized club program. The important task is to discover what people really like to do and help them do it. The variety of opportunities needs to be large enough that real choice exists, thus avoiding the temptation to encourage people to do things that are good for them. Older adults do not appreciate that approach any more than children do. Rather there needs to be a balanced program which allows the individual to be either an active participant or a spectator. The aim, of course, should be to move people from spectator to participant, from primary attention to self toward attention to others, but this transition must occur at the individual's own rate of speed. Such a program ought also to recognize that the potential for leadership still exists after retirement, and it will thus be preferable for the elderly to develop and staff their own program than to have it all done for them, or worse, *to* them.

A more complex and demanding program is the provision of casework services for the aged. Many older persons have social and emotional problems which require help from trained persons. To a degree this help can be provided through discussion groups, but often it will require personal counsel. The main responsibility for such service normally falls upon the pastor, but his time and training often are not adequate to the need. Volunteers can be trained to provide casework service and counsel. When offered, such services must maintain respect for the individual and for his right to self-determination, as well as his right to privacy. The aim of the service should be to strengthen the person's self-reliance and self-confidence. Care must be exercised so that the ethics and feelings of the case worker do not dominate. This means that care must be maintained in the selection and training of case-

work personnel. In most cases this will need to be a later stage in the development of local church maintenance services.

Preventive Services

It is in the realm of preventive services that the church has its unique opportunity to offer a ministry to older persons. The prime concern here should be to work with those who are approaching retirement in order to prepare them to meet that transition with less difficulty than would otherwise be experienced.

The first place to begin such a program will be in existing adult classes in the local church. Classes composed entirely of persons who have grown old together will probably not lend themselves as well to this purpose as will those which include a broader age-spectrum of adults. Concepts related to aging and retirement can be included along with other courses in the curriculum of the adult class. In addition to the specific problems of retirement, such courses can include the broader aspects of the longer process of growing old: rejection, loneliness, loss, change, and so forth. Emphasis ought to be placed on the resources which the Bible and Christian theology have to offer the older person, but the resources of the behavioral sciences and economics ought not be neglected. The growing science of gerontology offers much to the development of curricula for preventive education. Those responsible for teaching adults should acquaint themselves with some of the literature of this field.

Courses for adults need also to focus on the problems of middle age and the need to use the middle years as a time for the setting of new goals. Emphasis should be placed on the fact that living is more than earning a living, and on the development of avocational interests. Discussion can

include concern for how time will be used after retirement, and for discussion of the opportunities for service through the mission of the church, social work, political causes, artistic creativity, and so forth. One idea worth considering is that of a group which called itself "Senior Peacebuilders" and dedicated itself to constant effort to "push out the borders of the peaceful areas of life" in family, community, race tensions, and national and international affairs.[1]

Emphasis on political activity is in line with new trends in the social concern of the church. Persons could be encouraged, as they grow older, to become better informed and to participate in the formation of political opinion, and could learn how to communicate their convictions and to vote intelligently.

In many cases the local church will be well advised to offer a course specifically designed for those just about to retire. The content of such a course should include: the nature of work and its relation to social participation; the economics of retirement; health and nutritional needs of older persons; characteristics of the aging process; the need for adjustment to retirement; personal and social relationships; mental health; relations with family and friends after retirement; living arrangements for older persons; the handling of loss and preparation for death; finding and developing suitable substitutes for work. Where the council of churches is involved, and perhaps even where it is not, it may be possible to arrange with the extension division of the state university, or with the local community or junior college, for the regular offering of such a course.

Summary

Some basic principles need to be repeated at this point. First, programs of service to the aging must be developed

locally in order to assure that the needs that really exist are adequately met. There is abundant evidence to add to common sense to the effect that large-scale national solutions cannot adequately meet all types of needs. Many of the problems of the aging are based in the social characteristics of growing older, and legislation and federal spending cannot finally solve those problems as effectively as can the face-to-face encounters of people who care about each other.

Second, programs of the type described here need not be expensive. Indeed, if they are expensive, this fact may be taken as significant indication that they are failing to meet one very important need: the need of active older persons for something important and useful to do with their time and their skills. If volunteers are effectively used, none of the programs described in this chapter need be beyond the financial means of any local church.

Third, programs for the aged need not be large or complex. The size of programs should be determined by two factors: the number of people who need the services offered and the kinds of service they need. It should follow that as the number of those who need help increases, so also will the available resources of capable, active older persons increase proportionately.

Fourth, the programs here proposed do not call for extensive staff and facilities which require sizable financial expenditure. For the most part programs can be designed to meet the identified needs, yet in such a way as to utilize already existing facilities and personnel.

The only elements necessary to effective ministry to older adults which may not yet exist in the local church are accurate knowledge of the needs of the community and concern for the meeting of those needs. Careful study can provide the one, and Christian love the other.

notes

Chapter I: The Scope of the Problem

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[4] Clark Tibbitts, ed., *Handbook of Social Gerontology: Societal Aspects of Aging* (Chicago: University of Chicago Press, 1960), pp. 31-32. Reprinted by permission of the University of Chicago Press.

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[6] *Ibid.*, p. 46; see also Maves and Cedarleaf, *op. cit.*, p. 35.

[7] Clark Tibbitts and Wilma Donahue, ed., *Aging in Today's Society* (Englewood Cliffs, N. J.: Prentice-Hall, Inc., © 1960), pp. 16-17. Reprinted by permission of Prentice-Hall, Inc.

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[2] Tibbitts and Donahue, *Aging in Today's Society,* p. 133.
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[14] *A Master Plan for Older Adults in Marin County, California* (San Rafael: Marin Council of Community Services, 1965), p. 3.
[15] Culver, *New Church Programs with the Aging,* p. 35.
[16] McKinney and de Vyver, *op. cit.,* pp. 123-124.
[17] Tibbits, *Handbook of Social Gerontology: Societal Aspects of Aging,* pp. 410-434.
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[29] McKinney and de Vyver, *op. cit.,* pp. 291-301.
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[15] Clark and Anderson, *Culture and Aging: An Anthropological Study of Older Americans*, pp. 202-203.
[16] Delton L. Scudder, ed., *Organized Religion and the Older Person* (Gainesville: University of Florida Press, 1958), p. 3.
[17] Clark and Anderson, *op. cit.*, pp. 402-414.
[18] *Ibid.*, pp. 429-433.
[19] Tibbitts and Donahue, *op. cit.*, p. 289.
[20] McKinney and de Vyver, *Aging and Social Policy*, p. 41.
[21] Clark and Anderson, *op. cit.*, pp. 211, 222.

Chapter IV: The Role of the Church

[1] Deuteronomy 24:19-21.
[2] Leviticus 19:32.
[3] Exodus 20:12; Deuteronomy 5:16.
[4] Proverbs 16:31.
[5] Job 12:12.
[6] See Exodus 21:12, 23:26; Deuteronomy 4:40, 5:33, 11:21, 22:7; Psalms 91:16, 92:14; Isaiah 65:20; Proverbs 10:27, 12:28.
[7] Maves and Cedarleaf, *Older People and the Church*, p. 17.
[8] *Policy and Strategy in Social Welfare: Report to the Churches* (New York: Department of Social Welfare, Division of Christian Life and Work, National Council of Churches of Christ in the U.S.A., 1957), p. 11.
[9] Brown, *Counseling with Senior Citizens*, p. 14.
[10] *Policy and Strategy in Social Welfare*, pp. 18-27.
[11] Scudder, *Organized Religion and the Older Person*, pp. 53-70.
[12] Havighurst and Albrecht, *Older People*, pp. 201f.
[13] *The Church and the Aging: A Survey Report on Ministries of the United Presbyterian Church in the U.S.A.* (New York: Board of National Missions, The United Presbyterian Church in the U.S.A., 1967), pp. 29-31.
[14] Scudder, *op. cit.*, pp. 18-20.
[15] *Ibid.*, pp. 21-28.
[16] Gray and Moberg, *The Church and the Older Person*, pp. 96-115.
[17] Scudder, *op. cit.*, pp. 79, 28-30.
[18] Gray and Moberg, *op. cit.*, pp. 50-61.

[19] Milton L. Barron, *The Aging American: An Introduction to Social Gerontology and Geriatrics* (New York: Thomas Y. Crowell Company, 1961), pp. 178-179.

[20] Charles Y. Glock, "The Study of Religious Commitment," *Religious Education*, LVII (July-August, 1962), pp. S-98 to S-110; see also *Religion and Aging: The Behavioral and Social Sciences Look at Religion and Aging* (Rossmoor-Cortese Institute for the Study of Retirement and Aging, University of Southern California, 1967), pp. 41-42.

[21] Scudder, *op. cit.*, p. 14.

[22] Ada Barnett Stough, in an address to the 1966 Conference on Ministries to Aging Persons, sponsored by the American Baptist Assembly at Green Lake, Wisconsin, July 2-9, 1966.

[23] Tibbitts, *Handbook of Social Gerontology: Societal Aspects of Aging,* pp. 679-683.

[24] Gray and Moberg, *op. cit.*, p. 40.

[25] Scudder, *op. cit.*, p. 16; see also *Religion and Aging*, p. 48.

[26] Charles G. Chakerian, ed., *The Aging and the United Presbyterian Church* (New York: United Presbyterian Board of National Missions n. d.); and *The Church and The Aging.*

[27] Tibbitts, *op. cit.*, pp. 720-723.

[28] Gleason, *Horizons for Older People,* pp. 7-13, 38-52.

[29] Ada Barnett Stough, *Brighter Vistas: The Story of Four Church Programs for Older Adults* (Washington, D.C.: U.S. Department of Health, Education, and Welfare, Administration on Aging, 1965), Patterns for Progress in Aging, Case Study Number 18, pp. 3-12.

[30] *Ibid.*, pp. 17-24.

[31] *Ibid.*, pp. 29-37.

[32] *Ibid.*, pp. 43-50.

[33] From the weekly church bulletin, Community Presbyterian Church, Edison, New Jersey, January 24, 1965.

[34] *Bethany Guide*, August, 1966, pp. 27-29.

[35] From a personal letter from Mrs. Beatrice Schiffman, March 13, 1967. Mrs. Schiffman is now Western Regional Representative of the National Council on the Aging.

[36] Wallace F. Smith, *Preparing the Elderly for Relocation: A Study of Isolated Persons* (Philadelphia: University of Pennsylvania Institute for Environmental Studies, 1966)

[37] From a personal letter from Mrs. Stough, March 5, 1968.

[38] *The Church and the Aging,* pp. 37-38, 47-48.

[39] Chakerian, *op. cit.*, p. 33.

[40] *Religion and Aging,* p. 54.

[41] Tibbitts and Donahue, *Aging in Today's Society,* p. 394.

[42] *A Master Plan for Older Adults in Marin County, California,* p. xvi.

[43] Barron, *op. cit.*, pp. 203-204.

[44] Tibbitts, *op. cit.*, p. 723.

[45] Clark and Anderson, *Culture and Aging: An Anthropological Study of Older Americans,* p. 363.

Chapter V: Getting Started

[1] Culver, *New Church Programs with the Aging,* pp. 123-124.

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Books

Aging in the Modern World: An Annotated Bibliography. Washington, D. C.: U. S. Department of Health, Education and Welfare, Office of Aging, 1963.

Covers all important books in the field of aging, 1900 to 1963, and periodicals, 1958 to 1963. Books are listed under twenty-eight categories of economic, social, and physical aspects of aging, including home care programs, religious programs and services, retirement preparation programs, social adjustment, social services, and casework.

Barron, Milton L. *The Aging American: An Introduction to Social Gerontology and Geriatrics.* New York: Thomas Y. Crowell, 1961.

Explores the possibilities and problems of man's "third life," the post-retirement years, and attempts to explode many of the myths and fantasies associated with aging. Written for professionals and students, but valuable for much wider usage. A good general survey of the field.

Birren, James E., ed., *Handbook of Aging and the Individual: Psy-*

chological and Biological Aspects. Chicago: University of Chicago Press, 1959–60.

Volume I of a three-volume series published for the Inter-University Training Institute on Social Gerontology. The series attempts to summarize all contemporary knowledge on the subject of aging in western society.

This volume is concerned with the biological and psychological bases for the changes which occur in the aging individual's behavior and capacities. Deals with the theoretical foundations for research on aging; the biological aspects, including morphology, neuro-physiology, and genetics; environmental settings; psychological and psychodynamic changes. Highly technical.

————. *The Psychology of Aging.* Engelwood Cliffs, N. J.: Prentice-Hall, Inc., 1964.

An organized presentation of current research findings on the biological, social, and psychological factors in the aging process. Covers adult capacities, skills, feelings, emotions, and social behavior, as they change with age. A perceptive interpretation of these changes and the life cycle as dynamic processes.

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A report on the Plan for Community Services for Older Persons of the Community Project for the Aged of Metropolitan Chicago. Deals with community education, employment and retirement, housing and home services, health, recreation and education, casework and counseling.

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How senior citizens can be helped to live more meaningful and productive lives. Covers the role of the church, programming, and such services as homemaker service, meals-on-wheels, and other reaching-out services.

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Proceedings of a seminar at Columbia University in the fall of 1960. Includes basic papers on various aspects of casework with older persons.

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Some of the data assembled here may be of value to those outside the producing denomination, as well as to those involved in studies to determine local distribution and needs of the aged.

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Third of four volumes in the Langley Porter Institute Studies on Aging. A thorough study of 435 elderly persons in San Francisco. Answers many questions formerly covered only in anthropological studies of primitive peoples. Excellent background to the societal aspects of aging, and to the design of studies to determine local distribution of the aging and their problems.

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An excellent how-to-do-it book that avoids many of the stereotyped and over-simplified solutions of earlier attempts.

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The controversial work on the process of transition from middle to older adulthood, and adaptation to conditions of later life, which proposes that aging is a process of disengagement and withdrawal from society rather than a process of expansion. Based on the findings of the Kansas City Study of Adult Life, a research project carried on under a grant from the National Institute of Mental Health.

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Published under the auspices of the Adult Education Association of the U.S.A. Deals with the role of adult education in the preparation of adults for satisfying living during later maturity. Includes extensive reports on the content and organization of programs under way at the time of publication.

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Proceedings of the 14th Annual Conference on Aging (1961) of the University of Michigan.

Deals with cultural attitudes on aging, political participation of the aging, political action, voting behavior, political organization of the aging, government services to the aged. Faces the question whether there is an emerging gerontocracy, and, if so, what will be its potential as a conservative force able to slow social progress.

Erikson, Erik H. *Identity and the Life Cycle.* New York: International Universities Press, 1959. Published as *Psychological Issues*, I, 1.

Deals with the psychodynamics of human development and the life cycle. The primary focus is on childhood and youth, but this provides a helpful context for understanding of the aging process as part of a lifelong pattern.

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A "how-to" book on organization of senior groups in the local church. The author retired in 1949 after 38 years as a YMCA secretary. Filled with a wealth of data and ideas on church groups for the aging.

Glock, Charles Y. "On the Study of Religious Commitment," *Religious Education*, LVII, 4 (July-August 1962), pp. S-98 to S-110.

One of the papers from the Research Planning Workshop on Religious and Character Education, Cornell University, August, 1961. Proposes a fivefold typology for the study of religiosity.

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————. *Understanding Ourselves as Adults*. New York: Abingdon Press, 1959.

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———— and Cedarleaf, J. Lennart. *Older People and the Church*. New York: Abingdon Press, 1949.

The classic work on ministry to the aging. Summarizes in non-technical language the findings of many professions about older people, especially those findings with relevance to the church's ministry. Contains full reports on two first-hand studies, one on pastoral care of the elderly, and the other on group work with the aging.

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Excellent discussion by an eminent churchman-sociologist. Covers the biblical basis for social concern, the needs of society, and the means of implementing and evaluating programs designed to meet these needs.

Patterns for Progress in Aging. Washington, D. C.: U. S. Department of Health, Education, and Welfare, Administration on Aging, 1961 to 1965.

A series of case study pamphlets:

A Community Nursing Home (#1)

A Vocational Training and Placement Program for Older Workers (#2)

An Activity Center for Senior Citizens (#3)

A Community Craft Program (#4)

Retirement Preparation: Chicago Plan (#5)

A Senior Citizens Association (#6)

A Vocational Counselling Program for Older Workers (#7)

A County Health Department Geriatric Program (#8)

The TVA Preretirement Program (#9)

A Senior Citizens Service Center (#10)

Senior City at the New York State Fair (#11)

A Low Rent Public Housing Project for the Elderly (#12)

A Friendly Visiting Program (#13)

Senior Housing—Golden Age Center Program (#14)

Hodson Day Center (#15)

Planning for Retirement: A University-Labor Union Program (#16)

A Rural County Cares for its Aging: The Story of Aitkin County, Minnesota (#17)

Brighter Vistas: Church Programs for Older Adults (#18)

Pierre the Pelican Retirement Series. New Orleans: Louisiana Association for Mental Health, 1528 Jackson Avenue, New Orleans, La. 70130.

A series of twelve four-page leaflets to be mailed monthly to men during the last year of employment, as a method of pre-retirement counseling. Designed for use by businesses, but could

be used effectively by the church. Includes the basic concerns of retirement, including excellent discussions of death and of the place of religion in the life of the aging person. Might be used in connection with a retirement preparation course.

Policy and Strategy in Social Welfare: Report to the Churches. New York: Department of Social Welfare, Division of Christian Life and Work, National Council of Churches of Christ in the U.S.A., 1957.

Basic policy statement regarding aims and goals for the churches in the field of social welfare.

Religion and Aging: The Behavioral and Social Sciences Look at Religion and Aging. Rossmoor-Cortese Institute for the Study of Retirement and Aging, University of Southern California, 1967.

Papers from the 1967 consultation on religion and aging. Includes a summary of recent research, and papers on religion and human needs, insights on aging, creative aging, and approaches to the study of religion and aging.

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Rose, Arnold M., and Peterson, Warren A., ed. *Older People and Their Social World: The Sub-culture of the Aging.* Philadelphia: F. A. Davis, 1965.

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Shock, Nathan W., ed. *Aging: Some Social and Biological Aspects.*

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Smith, Ethel Sabin. *The Dynamics of Aging*. New York: W. W. Norton and Company, 1956.

A philosophical-psychological approach to aging with emphasis on the special frustrations and joys of growing old, and how to grow old successfully. The author, now retired, was for many years professor of philosophy and psychology at Mills College.

Stough, Ada Barnett. *Brighter Vistas: The Story of Four Church Programs for Older Adults*. Washington, D.C.: U.S. Department of Health, Education, and Welfare, Administration on Aging, 1965.

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Tibbits, Clark, ed. *Handbook of Social Gerontology: Societal Aspects of Aging*. Chicago: University of Chicago Press, 1960.

Volume II of the three-volume Inter-University series on social gerontology. Twenty-three scholars discuss at length the basic factors and relevant research dealing with the complex factors and environmental and socio-cultural facets of the phenomenon of aging in contemporary American society.

Covers demography, aging in preindustrial societies, the technological basis of aging, its relation to the social structure and to the individual. Discusses problems of health, income, status and roles, work, retirement, leisure, family, the economy, and programs of government, voluntary associations, religious associations, and housing and health programs. Scholarly, technical, and comprehensive, but essential to the serious study of aging in American society.

——— and Donahue, Wilma. *Aging in Today's Society*. Englewood Cliffs, N. J.: Prentice-Hall, Inc., 1960.

A collection of essays and selected readings from Cicero to the present, dealing with many aspects of aging. Considerable attention to the function and nature of preretirement planning and education, and the relevance of middle age to retirement. Spon-

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The U. S. Book of Facts, Statistics and Information for 1967. New York: Pocket Books, Inc., 1966. Simon & Schuster.

Paperback edition, published annually, of the *Statistical Abstract of the United States.*

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Workable plans for helping people over age 60 to maintain a normal pattern of vigorous and energetic activity. The author was for twenty years executive director of the San Francisco Senior Center.

Wasser, Edna. *Selected Bibliography for Casework with Older Persons.* New York: Family Service Association of America, 1963.

Lists many general works on aging as well as those specifically related to social work and casework.

————. *Creative Approaches in Casework with the Aging.* New York: Family Service Association of America, 1966.

Primarily for the professional social worker, but useful in training volunteers to work with the aging, since it contains considerable background material on aging.

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Papers from the Fifth Annual Southern Conference on Gerontology. Includes reports on research in the biological, psychological, and social sciences, clinical medicine and geriatrics. A section on action programs for the aged deals with the need for state and local organization to meet the needs of the aging.

Pamphlets

The Church's Responsibility for the Aging. Council for Christian Social Action, United Church of Christ, 1960.

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related organizations

ADULT EDUCATION ASSOCIATION
1225 19th Street N.W., Washington, D.C. 20036

AMERICAN ASSOCIATION OF RETIRED PERSONS
406 East Grand Avenue, Ojai, California 93023

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Administration on Aging
Washington, D. C. 20201

FAMILY SERVICE ASSOCIATION OF AMERICA
44 East 23rd Street, New York, New York 10010

INSTITUTE OF ADULT EDUCATION
525 West 120 Street, New York, New York 10027

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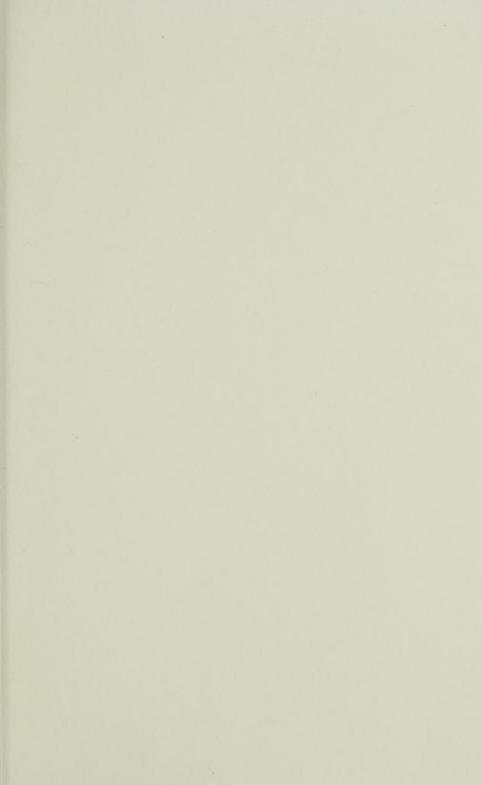475 Riverside Drive, New York, New York 10027

NATIONAL COUNCIL ON THE AGING
104 East 25th Street, New York, New York 10010

NATIONAL RECREATION ASSOCIATION
8 West 8th Street, New York, New York 10011

NATIONAL SOCIAL WELFARE ASSEMBLY
345 East 46th Street, New York, New York 10017

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New York State Department of Mental Hygiene
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